MAXIMUS Federal Services

Case Number:	CM15-0235799		
Date Assigned:	12/11/2015	Date of Injury:	10/09/2012
Decision Date:	01/15/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30 year old male, who sustained an industrial injury on 10-9-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar spine strain and low back pain. According to the progress report dated 10-5-2015, the injured worker presented with complaints of back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tension with limited range of motion. There is pain at the L4-L5 junction with crepitus. Neurovascularly, he is intact, although he has clinical evidence for what appears to be radiculitis on the right. The medications prescribed are Ibuprofen and Zanaflex. Previous diagnostic studies include x-ray of the lumbar spine. The x-ray report demonstrates no evidence for fracture, spondylolisthesis, nor instability. Treatments to date include medication management. Work status is described as working. The original utilization review (11-19-2015) had non-certified a request for 12 physical therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Twelve (12) physical therapy visits 2 per week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was report of complaint of intermittent left foot/ankle pain which was essentially unchanged from its chronic status. The provider examined the foot and ankle area, but no other physical examination was noted. The provider then recommended lumbar physical therapy. This request has not been justified based on the evidence included in the notes provided. There was no subjective or objective evidence of any lumbar spine problem. Nor was there an explanation as to why supervised therapy was needed over home exercises as this worker had already completed therapy for his lumbar spine many months prior. Therefore, this request is not medically necessary at this time.