MAXIMUS Federal Services

Case Number:	CM15-0237583		
Date Assigned:	12/14/2015	Date of Injury:	03/27/2001
Decision Date:	01/20/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/04/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 3-27-2001. He reported back pain. The injured worker was diagnosed as having lumbago with right greater than left, S1 distribution radiculopathy, transitional stenosis, L2-3, asymptomatic, status post anterior posterior fusion. Treatment to date has included diagnostic testing, physical therapy, injections, TENS unit, acupuncture, medications and surgery (L3-S1 anterior posterior lumbar fusion in 2004). The progress note dated 8-12-2015, the IW complains of "low back pain and right lower extremity paresthesia. The condition is basically unchanged from last evaluation on 7-22-2015. The IW complains of pain in the low back that is somewhat worse since last visit. On exam, he ambulates with an antalgic gait and there is moderate to severe paravertebral spasm at the lower lumber levels. He has a positive straight leg raise. There is moderate tenderness, more on the right than the left. The treatment plan is for pain management for injection, EMG appointment, continue 3 acupuncture appointments and continue physical therapy". The progress note dated 10-12-2015, the IW complains of "chronic low back pain and right lower extremity paresthesia status post failed multi-level fusion. The IW has 3 additional physical therapy sessions remaining, with improvement in both subjective pain and mobility. He describes the pain as constant dull aching, cramping pain with intermittent sharp, shooting pain and spasm with radiation and paresthesia to right buttock, posterior lateral lower extremity and foot. He rates his pain a 6 out of 10 with 10 being the worst, with medication and 8-10 without medications. The pain is aggravated by cold weather, forward, flexion, sitting, twisting suddenly through the waist. Pain is relieved by stretching, heat, ice and medications. On exam, there is moderate tenderness

to palpation of the sacral boarders, sacral-iliac joint and sciatic notches. There is moderate to severe paravertebral spasm at the lower lumber levels. There is decrease range of motion and strength and absent reflexes left at the patella. Straight leg raise are positive and sensation is decreased to right outer lower leg at L5 distribution. The treatment plan is epidural injection, complete physical therapy, medications and urine screen". The UR decision, dated 11-23-2015 denied additional physical therapy, 2 times a week for 4 week to the low back and approved Tramadol 50mg three times a day, quantity 90. The request for authorization, dated 12-4-2015 is for additional physical therapy, 2 times a week for 4 week to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4 to the Low Back: 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed 18 physical therapy sessions to date and still has 3 pre approved sessions remaining. Physical therapy to date has provided some subjective pain relief and increased mobility. Despite physical therapy and medications, he continues to complain of significant pain and decreased mobility. Although the injured worker is experiencing some minimal relief from physical therapy, he still has 3 already approved sessions that should be completed and evaluated for efficacy prior to requesting additional therapy sessions. Additionally, at this point in treatment, he should be able to continue with a home-based, self-paced exercise program. The request for additional physical therapy 2x4 to the low back is not medically necessary.