MAXIMUS Federal Services

Case Number:	CM13-0041322		
Date Assigned:	12/20/2013	Date of Injury:	09/24/2011
Decision Date:	02/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practi and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who reported an injury on 09/24/2011 after living heavy materials, which caused pain in the low back. Prior treatments included physical therapy, chiropractic care and medications. The patient underwent an MRI that revealed a central disc extrusion with central thecal sac effacement at the L4-5 level. The patient's most recent clinical examination findings included limited thoracolumbar range of motion with a positive straight leg raise test on the right. The patient's diagnoses included a history of a lumbosacral sprain and lumbar degenerative disc disease with a disc bulge at L4-5 causing radiculopathy. The patient's treatment plan included additional physical therapy and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two times a week times six weeks to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested outpatient physical therapy 2 times a week for 6 weeks to the low back is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a course of physical therapy that did provide functional benefit. However, the California Medical Treatment Utilization

Schedule recommends that patients be transitioned into a home exercise program to maintain improvements obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a short course of physical therapy may be indicated to re-establish and re-educate the patient in a home exercise program, the requested 12 visits is excessive. As such, the requested outpatient physical therapy at 2 times a week for 6 weeks to the low back is not medically necessary or appropriate.