MAXIMUS Federal Services

Case Number:	CM14-0128962		
Date Assigned:	08/18/2014	Date of Injury:	07/21/2011
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/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 69 years old female with an injury date on 07/21/2011. Based on the 06/11/2014 progress report provided by Dr. [redacted], the diagnoses are: 1. Lumbar radiculopathy primary 2. Stenosis lumbar 3. Pain pelvis joint. According to this report, the patient complains of frequent, moderate back pain on the right with intermittent, moderate numbness and tingling. Patient ambulates with cane in the right upper extremity. Pain is noted with range of motion. Motor strength of the right gastroc/soleus and hamstring are a 4/5. Tenderness is noted at the right greater trochanter. MRI of the lumbar spine on 09/17/2013 reveals L4-L5 disc space narrowing and 3mm right disc bulge with foraminal stenosis; L2-L3 minimal disc space and 3mm left lateral disc bulge with foraminal stenosis; and L5-S1 degenerative change of the facet joints. Per provider, the patient "had 75-80% improvement with physical therapy last time." There were no other significant findings noted on this report. The utilization review denied the request on 08/07/2014. Dr. [redacted] is the requesting provider, and he provided treatment reports from 03/07/2014 to 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 6, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Excessive Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG guidelines on Physical Therapy for Lumbar condition.

Decision rationale: According to the 06/11/2014 report by Dr. [redacted] this patient presents with frequent, moderate back pain on the right with intermittent, moderate numbness and tingling. The provider is requesting physical therapy once a week for 6 weeks for the lumbar spine. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show the patient has had 10 sessions of physical therapy. The 03/06/2014 physical therapy report indicates, visit #10, "the pain level was at a 3/10 at its worse and at times will decrease down to 0/10." The provider does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. Given the patient had completed 10 sessions recently, the requested additional 6 sessions exceed what is allowed by MTUS guidelines. Therefore, this request is not medically necessary.