MAXIMUS Federal Services

Case Number:	CM14-0129760		
Date Assigned:	08/22/2014	Date of Injury:	03/15/2012
Decision Date:	10/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Interventional Spine 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 48 years old female with an injury date on 03/15/2014. Based on the 06/30/2014 progress report provided by [redacted], the diagnoses are: 1. Lumbar radiculopathy2. Displacement lumbar intervertebral disc without myelopathy. According to this report, the patient complains of constant, exhausting, burning, cramping and tiring low back pain with frequent spasms and weakness in the legs. Sitting, standing, and walking would aggravate the back pain. Rest, medication, and massage would help alleviate the pain. Physical exam reveals tenderness over the lumbar paraspinals muscle and L4-L5 facets. Range of motion of the lumbar spine is restricted. Strength test of the left lower extremity is decreased. Decreased sensation of the right L4, left L5, and left S1 is noted. Per treating physician, the patient had about 6 sessions of PT in 2012 which helped reduced the pain and leg symptoms temporarily. There were no other significant findings noted on this report. The utilization review denied the request on 07/24/3014. [redacted] is the requesting provider, and he provided treatment reports from 01/29/2014 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises (six physical therapy sessions for the lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Excessive Therapy: MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: According to the 06/30/2014 report by [redacted] this patient presents with constant, exhausting, burning, cramping and tiring low back pain with frequent spasms and weakness in the legs. The treater is requesting therapeutic exercises (6 physical therapy sessions) for the lumbar spine. The utilization review denial letter state. The records do not provide a rationale instead for additional supervised therapy at this time."For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show that the patient's last round of physical therapy was in 2012; a short course of therapy may be reasonable if the patient's symptoms are flared, or for significant decline in function. However, the treater does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. There is no mention of whether or not the patient's symptoms are flared with significant decline in function. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. Given the above the request is not medically necessary.