MAXIMUS Federal Services

Case Number:	CM14-0162873		
Date Assigned:	10/08/2014	Date of Injury:	06/18/2014
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 51-year-old female who reported an injury on 05/18/2014. The mechanism of injury occurred while she was pushing a 20 pound box across the floor with her foot. Her diagnoses included lumbar spine multiple disc protrusions with radiculitis and lumbar radiculopathy. The injured worker's past treatments included the use of medications, chiropractic therapy, physical therapy, work modifications and a back support. The injured worker's diagnostic exams included an x-ray and MRI of the lumbar spine performed in 07/2014. The MRI revealed facet hypertrophy and neural foraminal stenosis at the L5 level. The injured worker's surgical history was not clearly indicated. On 08/20/2014, the injured worker complained of constant pain in her low back. She indicated that the pain was also associated with muscle spasms that radiated down into her lower extremities, which included her buttocks and thighs. She complained that this pain traveled down into her legs as well and increased upon repetitive bending, stooping and prolonged sitting. The injured worker also reported that the pain awakened her out of sleep at night on a daily basis and she had difficulty performing basic self-care. She rated her pain as 7/8-10 on the pain scale. The physical exam revealed tenderness and spasms over the paralumbar muscle, sacroiliac joint, sciatic notch and sacral base bilaterally. There was also tenderness and spasm over the spinous processes from L3-S1 bilaterally and a straight leg raise was positive at 60 degrees on the right with extreme radicular pain noted. She had positive Kemp's test bilaterally and her lumbar range of motion was decreased. Her range of motion values included 30 degrees of flexion, 15 degrees of extension, 15 degrees of bending and 15 degrees of rotation. The injured worker's medications were not clearly indicated. The treatment plan was not clearly indicated in the clinical notes. A request was received for physical therapy 2 times a week for 4 weeks to the lumbar area, 8 sessions. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 weeks (8 sessions) Lumbar area: 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 request for physical therapy 2 times 4 weeks 8 sessions to the lumbar area is not medically necessary. The California MTUS Guidelines recommend physical medicine based on the philosophy that therapeutic exercise or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and the alleviation discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Continuation of physical therapy as per the recommended guidelines is based on documentation of quantitative measures that indicate increased range of motion, decreased pain and the ability to perform activities of daily living. The guidelines recommend 8 to 10 visits over 4 weeks for the indication of neuritis and radiculitis unspecified. Based on the clinical notes, the injured worker had complaints of constant low back pain with radiating symptoms down into her lower extremities. She indicated that she had difficulty performing activities of daily living and rated her pain as 7/8-10 on the pain scale. The physical exam revealed decreased range of motion to the lumbar spine and tenderness with spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. The clinical notes also indicated that the injured worker has participated in an unknown amount of chiropractic and physical therapy sessions. Documentation indicating the number of prior physical therapy and chiropractic therapy sessions is needed to determine if the injured worker has exhausted her allotted physical therapy sessions. The guidelines only recommend 8-10 visits over 4 weeks with documentation of functional improvement. Also, the documentation failed to indicate the efficacy of her physical medicine treatments, as there must be quantitative documentation evident. The injured worker has participated in previous physical therapy sessions that has not provided significant pain relief or an increase in function, as she continues to complain of difficulty performing activities of daily living and has a moderate to severe pain complaint. Therefore, due to lack of documentation indicating the number of prior physical therapy sessions and the efficacy of the treatment, the request is not supported. Thus, the request for physical therapy 2 times 4 weeks 8 sessions to the lumbar area is not medically necessary.