MAXIMUS Federal Services

Case Number:	CM14-0180498		
Date Assigned:	11/05/2014	Date of Injury:	01/18/2006
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Practice and is licensed to practice in Ohio. 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 male with a date of injury of January 18, 2006. He has had low back pain radiating to the lower extremities. He was seen for a flare of his pain March 18, 2014 at which point he was given a prednisone dose pack and physical therapy was started. The injured worker has completed 14 sessions of physical therapy and reports 60 to 70% improvement. Between the 8th session and the 14th session of physical therapy's work restrictions were liberalized from lifting up to 40 pounds to lifting up to 50 pounds. He continued to require ibuprofen on an as needed basis. There is documentation that the injured worker has been educated regarding a home exercise program. The physical exam reveals a 15% reduction in active range of motion of the lumbar spine. He has mild weakness of the right-sided extensor halluses longus muscle but otherwise has normal strength the lower extremities. Straight leg raise testing is negative bilaterally as of August 22, 2014 but he remained tender to palpation in the lumbar paraspinal muscles and in the hip girdle muscles. The diagnoses are low back pain and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. The guidelines allow for 10-12 physical therapy visits over 8 weeks for sciatica or lumbar radiculitis. The injured worker has had 14 physical therapy visits and instruction in a home exercise program. The treating physician does not indicate why a home exercise program would be insufficient to achieve the additional desired effect at this point. Additionally, the functional gains in terms of work restrictions between the 8th and the 14th physical therapy visits were minimal (could lift up to 40# versus 50#). Therefore, an additional 8 physical therapy visits is not medically necessary.