MAXIMUS Federal Services

Case Number:	CM14-0099963		
Date Assigned:	07/30/2014	Date of Injury:	10/02/2013
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old male was reportedly injured on October 2, 2013. The mechanism of injury was noted as an industrial injury, in which the patient was unloading boxes, which fell on him, causing him to lose his balance and fall to the ground. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of low back pain with radiation into his right leg. The physical examination demonstrated a 5'8" individual weighing 176 pounds with a normal pulse. Examination of the spine showed that the patient was able to perform a sitting straight leg raise test, which is painful on the right side. The patient was able to stand on his heels and toes. He has weak rotator and adductor muscles of the hip. The clinician also noted tenderness in the quadriceps muscle. There was a positive sciatic nerve stretch test as well. Diagnostic imaging studies included an MRI of the lumbar spine without contrast, which demonstrated bilateral L5 spondylolysis with minimal Grade I spondylolisthesis and spondylosis at L5-S1 but no significant resulting stenosis. Previous treatment included use of multiple medications, acupuncture, and work/activity restrictions. A request had been made for physical therapy, three times a week for four weeks (12 sessions total) for the lumbar spine, and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 4wks for the lumbar spine QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As outlined in the ODG, 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 therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. Delivering individually designed exercise programs in a supervised format, encouraging adherence, and stretching and muscle strengthening exercises seem to be the most effective restoration program. And while functional deficits were noted in the most recent progress note, there is no objective evidence of radiculopathy, and the requested 12 sessions of physical therapy are in excess of guideline recommendations. Furthermore, there does not appear to be exceptional factors that would warrant deviation from the guidelines, and as such, the request is not medically necessary.