MAXIMUS Federal Services

Case Number:	CM15-0011023		
Date Assigned:	01/28/2015	Date of Injury:	02/04/2000
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Indiana
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old female, who sustained an industrial injury on February 4, 2000. She has reported when she was lifting a large soda syrup box. The diagnoses have included post laminectomy syndrome of lumbar region, lumbar or lumbosacral disc degeneration, myalgia, myositis , electronic prescribing enabled , tobacco use disorder, depressive disorder and encounter for long-term us of other medications. Treatment to date has included analgesic medications. Currently, the injured worker complains of low back and left lower extremity pain. In a progress note dated December 9, 2014, the treating provider reports examination of the extremities is somewhat abnormal, palpation of the region reveals prominent areas of tenderness in the region concordant with the injured worker s described area of pain, deep palpation results in distal radiation of the pain, reduced range of motion, straight leg raise of the affected side reproduces the injured worker s radicular symptoms, lateral rotation and extension of the spine produces concordant pain in the affect area. Bilateral lower extremities and spine reveals coordination appears to be somewhat compromised, Romberg test performed was abnormal. On December 16, 2014 Utilization Review non-certified a physical therapy for the lumbar spine twelve sessions as an outpatient, noting, American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-https://www.acoempracquides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low back; physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted.Therefore, the request for 12 sessions is in excess of the guidelines and is not recommended.