MAXIMUS Federal Services

Case Number:	CM15-0011566		
Date Assigned:	01/29/2015	Date of Injury:	12/17/2002
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old male, who sustained an industrial injury on 12/17/2002. The diagnoses have included lumbar spine disc protrusion status-post laminectomy. Treatment to date has included physical therapy, chiropractic, activity modification and medication. Currently, the IW complains of persistent pain in the lumbar spine rated as a 6/10. Objective findings included decreased range of motion to the lumbar spine with tenderness to the paraspinals bilaterally, right greater than left, and positive Kemp's sign bilaterally. There is tenderness in the iliotibial band and sacroiliac joint on the right. Straight leg raise test is positive on the right. On 1/05/2015 Utilization Review non-certified a request for physical therapy (2x6) for the lumbar spine noting the lack of documented functional improvement with therapy completed to date. The MTUS and ODG were cited. On 1/21/2015, the injured worker submitted an application for IMR for review of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 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 Physical Medicine Page(s): 98-99.

Decision rationale: The philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the workers symptoms. The submitted documentation indicated the worker was experiencing pain in the lower back, right shoulder and elbow, and both wrists and hands. There was no discussion describing the workers decreased function or detailing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for twelve sessions of physical therapy for the lumbar spine region done as twice weekly for six weeks is not medically necessary.