MAXIMUS Federal Services

Case Number:	CM15-0012963		
Date Assigned:	01/30/2015	Date of Injury:	09/07/2011
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
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 male with an industrial injury dated 09/07/2011 while picking up objects. His diagnoses include lumbar intervertebral disc disorder with myelopathy. Diagnostic testing has included MRI of the lumbar spine (02/27/2013) showing multilevel disc protrusions with right neuroforaminal narrowing, undated MRI showing 4 mm right paracentral disc abutting the right exiting nerve root with annular fissure at L4-L5, and electrodiagnostic testing (10/29/2014) showing right sided radiculopathy. He has been treated with lumbar epidural steroid injections (3 failed), and medications. In a progress note dated 12/30/2014, the treating physician reports a flare-up of lower back pain (rated 8/10) with radiation to the right lower extremity despite treatment. The objective examination revealed tenderness to palpation of the lumbar spine bilaterally, bilateral sacroiliac area, right buttock, right posterior leg (including thigh and calf), and tenderness to the paraspinal muscles with spasms, and decreased range of motion in the lumbar spine. It was noted that the injured worker had previously been approved for surgery; however, the injured worker requested time to consider this option and is now requesting to move forward with the surgery. The treating physician is requesting physical therapy for the lumbar spine and a referral back to the spine surgeon which were denied by the utilization review. On 01/05/2015, Utilization Review non-certified a request for physiotherapy program 2 times 3 for the lumbar spine, noting the lack of documentation regarding the number of previous physical therapy sessions completed to date, last date of therapy, and previous conservative care provided to date. The MTUS and ODG Guidelines were cited. On 01/05/2015, Utilization Review non-certified a request for referral back to spine surgeon, noting that the

injured worker had been evaluated previously by a spine surgeon and had previously been approved for surgery, limited information regarding the type of surgical procedure that the injured worker was certified to undergo, and limited evidence of nerve root compression or spinal instability in the MRI study. The ODG Guidelines were cited. On 01/22/2015, the injured worker submitted an application for IMR for review of physiotherapy program 2 times 3 for the lumbar spine and referral back to spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy program 2 x 3 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has been injured for over three years. The medical records do not indicate how many physical therapy sessions the injured worker has had to date, and the efficacy of prior physical therapy. The injured worker likely has had physical therapy already and should have a home exercise program for continued rehabilitation. The medical records do not indicate that the injured worker has an new injury, an acute exacerbation, or problems with a home exercise program that may require physical therapy.The request for Physiotherapy program 2 x 3 for lumbar spine is determined to not be medically necessary.

Referral back to spine surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as

provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker has reportedly been approved for surgery previously, but opted for conservative measures. He is now interested in surgery. The requesting physician is requesting this referral as the injured worker is now ready to pursue surgery. Specialist referral is supported by the MTUS Guidelines. The request for referral back to spine surgeon is determined to be medically necessary.