MAXIMUS Federal Services

Case Number:	CM15-0110154		
Date Assigned:	06/16/2015	Date of Injury:	09/26/2011
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Emergency 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 27 year old male injured worker suffered an industrial injury on 09/26/2011. The diagnoses included lumbago and displacement of lumbar intervertebral disc without myelopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, physical therapy, chiropractic therapy and acupuncture. On 4/4/2015 the treating provider reported complaints of pain in the lower back with radiations to the legs along with weakness to the back. The pain was constants and moderate rated from 3 to 9/10. On exam there was tenderness of the lumbar muscles with spasms with positive facet loading maneuver bilaterally. The treatment plan included Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented) was completed. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. In addition, the requested number of PT sessions already exceed guideline maximum of 10 sessions even without considering prior PT. Additional 12 physical therapy sessions are not medically necessary.