MAXIMUS Federal Services

Case Number:	CM15-0116183		
Date Assigned:	06/24/2015	Date of Injury:	02/10/2006
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 02/10/2006. The injured worker was diagnosed with lumbar radiculopathy, lumbar myofascial strain, cervical myofascial strain and right sacroiliitis. The injured worker is status post laminectomy and discectomy of L4-L5 in October 2008 and a second lumbar surgery in October 2010 (no procedure documented). Treatment to date has included diagnostic testing with electrodiagnostic studies in November 2014, Computed Tomography (CT) myelogram in April 2015, surgery, transcutaneous electrical nerve stimulation (TEN's) epidural steroid injection, sacroiliac (SI) injections, acupuncture therapy, chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, massage therapy, traction, cane and medications. According to the primary treating physician's progress report on April 14, 2015, the injured worker continues to experience low back pain radiating to the hips and buttocks associated with numbness and weakness in the lower extremities. The injured worker rates her pain level at 6/10. Evaluation noted an antalgic gait with use of a single point cane for ambulation. Examination demonstrated limited range of motion of the lumbar spine with tenderness to palpation on the right cervical, thoracic, lumbar, buttocks and sacroiliac (SI) regions. Straight leg raise, Bowstring, cross leg raise, Spurling's and Lhermitte's signs were negative bilaterally with normal reflexes and motor strength. Facet loading, Faber's, sacroiliac (SI) thrust and Fortin's tests were noted to be positive on the right side. Sensation was decreased in the right L3 dermatome distribution. Current medications are listed as OxyContin 30mg, Norco 7/325mg, Gabapentin, Soma, Klonopin, Sonata, Lexapro and Lidoderm patches. Urine drug screening was consistent with medication

history on April 14, 2015. Treatment plan consists of spinal cord stimulator (SCS) trial, medication regimen and the current request for Physical therapy times 12 sessions for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Lumbar Spine and the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 physical therapy visits for the lumbar spine and the cervical spine is not medically necessary and appropriate.