MAXIMUS Federal Services

Case Number:	CM15-0119729		
Date Assigned:	06/30/2015	Date of Injury:	02/15/2011
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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 68 year old male with an industrial injury dated 02/16/2011. His diagnoses included low back and left lower extremity pain, status post lumbar 4-sacral 1 decompressive laminectomy, left lumbar 5 and sacral 1 radiculopathy, neuropathic pain and status post spinal cord stimulator implant. Prior treatment included implantation of a laminotomy/paddle lead spinal cord stimulator, lumbar 4-sacral 1 decompressive laminotomy, physical therapy, chiropractic, trigger point injections, medications and acupuncture therapy. The injured worker presents on 12/09/2014 (most recent progress note available) for a follow up complex pain management for his low back and lower extremity. He continued to experience numbness and weakness, which had been gradually increasing over the last few months. He continued to utilize spinal cord stimulator to help with pain however; it was not improving the weakness and numbness. The injured worker also notes discomfort over the area of his internal pulse generator for a spinal cord stimulator. This has been treated with Lidocaine patches. He rates his pain as 6-7/10 with the use of medication. Without medication, he states his pain would be a 10/10. Physical exam noted the injured worker was utilizing a cane and had a marked antalgic gait. There was diffuse myofascial tenderness with muscle spasms of the lumbar spine. Straight leg raise was positive. His medications were Norco, Percocet and Lidocaine patch. Failed treatments are documented as chiropractic, acupuncture and topical compounding medications. The request for psychological consultation is noted as not listed on application. The request for review is for physical therapy for the low back 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back 2 times a week for 6 weeks: Upheld

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

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. In this case, the injured worker was previously authorized 12 physical therapy visits for the low back. There is no documentation of the number of visits completed or the efficacy of those visits. The guidelines support 9-10 visits over 8 weeks. This request is for 12 visits, which exceeds the recommendations of the guidelines; therefore, the request for physical therapy for the low back 2 times a week for 6 weeks is not medically necessary.