MAXIMUS Federal Services

Case Number:	CM15-0170027		
Date Assigned:	09/10/2015	Date of Injury:	04/02/2004
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female with an industrial injury dated 04-02-2004. The injured worker's diagnoses include lumbosacral sprain and strain, degenerative lumbosacral disc diseases, and central disc syndrome annular tear. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine dated 04-29-2004, prescribed medications, heating pad and periodic follow up visits. In a progress report dated 04-09-2015, the injured worker reported low back pain with herniated nucleus pulposus, annular tear and positive radiculopathy. Objective findings revealed lumbar flexion 48 degrees, lumbar extension 15 degrees, right bending 20 degrees, left bending 25 degrees, positive bilateral straight leg raises, positive sacroiliac deficits and positive sciatic notch pain. According to the most recent progress note dated 07-16-2015, the injured worker reported low back pain, herniated nucleus pulposus of lower back with annular tear and radiculopathy. Objective findings revealed positive bilateral straight leg raises, positive sciatica notch, positive sacroiliac (SI) defect, flexion 50 degrees, extension 15 degrees, right bending 18 degrees, and left bending 16 degrees. Magnetic Resonance Imaging (MRI) of lumbar spine dated 04-29-2004 revealed disc degeneration and posterior bulges at L4-5 and L5-S1 which did not appear to cause significant thecal sac or nerve root compression, and a small central posterior annular tear at L4-5. The treating physician prescribed physical therapy x 12 visits for lumbar spine. Utilization Review determination on 08-04-2015 non-certified the request for physical therapy x 12 visits for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury in April 2004 and is being treated for chronic low back pain with radicular symptoms. In April 2015 low back strengthening and exercises were reviewed. When seen, there was positive straight leg raising and sciatic notch tenderness. There was decreased range of motion and S1 deficits. Physical therapy had previously been effective and 12 treatments were requested. The claimant is being treated for chronic pain. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended. The claimant has already had physical therapy and compliance with an independent exercise program would be expected. No new therapeutic content is being requested and review of a home exercise program would not need this many visits. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.