MAXIMUS Federal Services

Case Number:	CM15-0170114		
Date Assigned:	09/14/2015	Date of Injury:	11/29/2014
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
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: 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 61 year old male, who sustained an industrial injury on November 29, 2014, incurring low back injuries. He was diagnosed with lumbar disc displacement and lumbago. Treatment included physical therapy, narcotics, anti-inflammatory drugs, acupuncture, chiropractic sessions, muscle relaxants, topical analgesic cream, lumbar corset and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities He rated his pain 6 out of 10 when standing and walking for long periods of time. He had restricted range of motion of the lumbar spine interfering with his activities of daily living. He noted limited activities with lifting, pushing and pulling, kneeling, bending, stooping ad squatting. He had decreased sensation and loss of motor strength in his lower extremities. Physical therapy was noted to improve his lower back pain and increase movement. The treatment plan that was requested for authorization on August 28, 2015, included physical therapy for the lumbar spine three times a week for two weeks. On August 26, 2015, the request for physical therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine, 3x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS Guidelines are specific with the recommendation that up to 10 sessions of physical therapy is adequate for chronic musculoskeletal conditions/pain. With that level of hands on instruction, the Guidelines recommend follow through with a home excise program. It is documented that this individual has completed a course of physical therapy. The records are not clear if the prior therapy completed was 6 or 12 sessions, but there is little evidence of benefit or patient follow through. The request exceeds the amount of therapy recommended in Guidelines and there are no unusual circumstances to justify an exception to the Guideline recommendations. The request for additional Physical Therapy for the Lumbar Spine 3x2 is not supported by Guidelines and is not medically necessary.