MAXIMUS Federal Services

Case Number:	CM15-0172870		
Date Assigned:	09/22/2015	Date of Injury:	02/01/2002
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/02/2015

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, Hawaii
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 59 year old male, who sustained an industrial-work injury on 2-1-02. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD) with chronic low back pain and intermittent left sided sciatica. Medical records dated (5-5-15 to 7-8-15) indicate that the injured worker complains of ongoing pain in the low back with frequent left sided leg pain. The injured worker reports that the pain is rated 3-4 out of 10 on pain scale, which is unchanged. He reports that the physical therapy has reduced the pain to around 50 percent and has helped with some range of motion deficits. The physician indicates that he continues with home exercise program (HEP) as much as possible and feels that he can benefit from more physical therapy visits. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 5-5-15 the injured worker has not returned to work and is retired. The physical exam dated 7-8-15 reveals that there is pain to palpation in the lumbar area as well as left sciatic notch. The lumbar range of motion is decreased and strength is 4 out of 5 to the left ankle dorsiflexion and plantar flexion. The physician indicates that he recommends that the injured worker "undergo 6 visits of physical therapy to hopefully benefit him, as he is somewhat stiff and is having some decreased range of motion." Treatment to date has included pain medication, physical therapy at least 8 sessions, activity modifications and other modalities. The request for authorization date was 8-4-15 and requested service included physical therapy 3 times a week for 2 weeks to The Lumbar Spine. The original Utilization review dated 8-13-15 non-certified the request as the injured worker has had adequate physical therapy for this condition and there is no documentation of significant objective improvement from therapy documented and why the injured worker is not able to continue with rehabilitation on a home exercise program (HEP) basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3X2 to The Lumbar Spine: Overturned

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: The patient presents with ongoing pain in the low back with frequent left-sided leg pain. The current request is for physical therapy 3 x 2 to the lumbar spine. The treating physician states, in a report dated 07/08/15, "Due to recent stiffness and pain, we have requested he undergo six visits of physical therapy in an attempt to see whether this will benefit him". (12B) The MTUS guidelines recommend physical therapy 8-10 sessions of myalgia and neuritis type conditions similar to this patient's presentation. The documents available for review state that the patient has previously had 8 PT sessions. There is information in the reports to indicate that the IW has suffered a flare-up of his condition to substantiate a need for additional physical therapy per MTUS guidelines. The current request is medically necessary.