MAXIMUS Federal Services

Case Number:	CM15-0178899		
Date Assigned:	09/21/2015	Date of Injury:	04/24/1996
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This injured worker is a 57-year-old male who reported an industrial injury on 4-24-1996. His diagnoses, and or impressions, were noted to include: chronic lumbar pain, status-post multi-level lumbar fusion with residual pain; and lumbosacral radiculopathy (illegible) after surgery. Current magnetic imaging studies of the lumbar spine were done on 3-16-2015, with report of findings. His treatments were noted to include: diagnostic laboratories; physical therapy; and medication management with toxicology screenings. The progress notes of 8-13-2015 were hand written and difficult to decipher, noted was: a follow-up appointment; (illegible) helped (illegible) last; stepped up (illegible); but trying to (illegible) heaving lifting; still getting cramps in hamstrings: (illegible); can't bend over to (illegible); and still gets pain (illegible). The objective findings were not entirely legible, and noted to include: a knot in the lumbar area, with tenderness, 45 degrees of flexion and 70 degrees of extension; and a decrease in pain to 1-2 out of 10. The physician's requests for treatments were not noted to include that therapy still denied, and that he still advised for physical therapy to optimize outcome. The progress notes of 6-23-2015 noted ongoing mid-lower back pain with bilateral lower leg numbness and cramping to the foot, left > right; and that physical therapy was requested to improve musculoskeletal discomfort and lower extremity symptoms. The Request for Authorization, dated 8-13-2015, was noted to include physical therapy 3 x a week for 4 weeks. The Utilization Review of 8-21-2015 non-certified the request for physical therapy 3 x a week for 4 weeks - lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant has a remote history of a work injury in April 1996 and underwent a multilevel instrumented lumbar fusion in October 2014. Case notes reference prior approval of 24 post-operative physical therapy treatments. When seen, there had been improvement after injections. He was having difficulty bending and had hamstring cramps. Physical examination findings included decreased range of motion and some local areas of tenderness. Authorization is being requested for 12 physical therapy treatments. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the number of treatments already completed is not documented. An assessment of the claimant's response to therapy after completing the recommended initial course of therapy would be needed to determine whether additional skilled therapy was necessary or likely to provide additional benefit. If the claimant has not attended any treatments, then that would need to be documented as well as the reason for not attending the session already authorized. For these reasons, the request is not considered medically necessary.