MAXIMUS Federal Services

Case Number:	CM15-0021389		
Date Assigned:	02/10/2015	Date of Injury:	07/30/2013
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 50-year-old male who sustained a work related injury on July 30, 2013, where he incurred a back injury. Treatment included a Magnetic Resonance Imaging (MRI), lumbar fusion, and pain medications, use of a walker and brace and physical therapy. Diagnoses included lumbar degenerative disc disease, lumbar herniated disc protrusion with central canal stenosis, radiculopathy and chronic pain syndrome. Currently, in December 2014, the injured worker complained of lower extremity weakness and issues with balance and needs assistance with activities of daily living (ADLs). On January 19, 2015, a request for a service of Physical Therapy three times a week for six weeks for the lumbar spine was modified to Physical Therapy times eight for the lumbar spine, by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. "Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks, Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. The records submitted for review state that the patient has had 18 postoperative physical therapy sessions around 12/16/14. Per progress report dated 12/17/14, it was noted that physical therapy caused pain and the injured worker was taking upwards of 5 Percocets per day. Without evidence of functional improvement and benefit, medical necessity of further physical therapy cannot be affirmed.