MAXIMUS Federal Services

Case Number:	CM15-0070871		
Date Assigned:	04/20/2015	Date of Injury:	01/12/2006
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 68-year-old female who sustained an industrial injury on 1/12/06. The diagnoses have included lumbar degenerative disc disease (DDD), herniated lumbar disc and lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, acupuncture, and activity modifications. The diagnostic testing that was performed included x-rays of the lumbar spine. Currently, as per the physician progress note dated 3/19/15, the injured worker complains of cervical and lumbar spine pain exacerbation with stiffness and increased pain at night and rated 3/10 on pain scale with normal being 1/10. The physical exam of the lumbar spine revealed reduced range of motion and tenderness to percussion. The diagnostics were not noted in the records. The previous therapy visits were noted. The treatment plan was for follow up visit in 3 months, acupuncture and additional physical therapy. The work status was retired and not working. The physician requested treatment included Additional physical therapy 2 times a week for 6 weeks for the lumbar spine. The patient sustained the injury due to cumulative trauma. The patient has had X-ray of the cervical region that revealed degenerative changes. The current medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Additional physical therapy 2 times a week for 6 weeks for the lumbar spine. The guidelines cited below 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. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for additional physical therapy 2 times a week for 6 weeks for the lumbar spine is not fully established for this patient therefore is no medically necessary.