MAXIMUS Federal Services

Case Number:	CM15-0090202		
Date Assigned:	05/14/2015	Date of Injury:	09/10/2006
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: California
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 55 year old male who sustained an industrial injury on September 10, 2008. He has reported neck, upper back, lower back, bilateral shoulder, bilateral knees, and bilateral ankle pain and has been diagnosed with paraspinal muscle spasm, facet joint degeneration, spinous process degeneration, lumbar spine strain, and cervical extensor muscle myositis. Treatment has included physical modalities, medical imaging, medication, and injection. Physical examination noted low back pain that radiates to the bilateral lower extremity. The treatment request included physical therapy 2 x 6 for the lumbar spine.

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, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Per the 11/13/14 STP Initial medical report by the requesting physician, the patient presents with the chief orthopedic complaint of lower back pain radiating to both feet 100% of the time. The current request is for PHYSICAL THERAPY FOR THE LUMBAR SPINE TWICE A WEEK FOR SIX WEEKS. The RFAs included are dated 04/28/15 and 03/25/15. The patient is not working. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post- surgical treatment period. Some reports provided for review are handwritten and difficult to interpret. The requesting physician does not discuss the reason for this request in recent reports. The 10/28/14 and 11/13/14 report state the course of treatment for Lumbar spine strain is to include physiotherapy to evaluate and treat with the most appropriate modalities, encourage activity, treat all symptomatic areas if the back is involved and instruct the patient in a home exercise program. While it is likely, considering the 09/10/08 date of injury, that the patient has received prior physical therapy, there is no documentation of the patient's physical therapy treatment history, and it is not known how much therapy the patient has received recently. There is no mention of flare-ups or new injury. Furthermore, the requested 12 sessions exceed what is allowed by the MTUS guidelines. In this case, the request IS NOT medically necessary.