MAXIMUS Federal Services

Case Number:	CM15-0098444		
Date Assigned:	05/29/2015	Date of Injury:	03/16/2014
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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, 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 62 year old female who reported an industrial injury on 3/16/2014. Her diagnoses, and/or impressions, are noted to include: lumbar disc protrusions; right lumbar radiculopathy; and status-post right total hip arthroplasty. Electrodiagnostic studies were stated to have been done on 10/1/2014, which showed mild chronic right lumbar radiculopathy and mild poly-neuropathy; and imaging studies of the lumbar spine on 4/1/2014 which showed postero-lateral lumbar disc protrusion, lumbar antero-listhesis, and lumbar facet hypertrophy with disc bulge. Her treatments have included 8 sessions of physical therapy - helpful; lumbar epidural steroid injections; medication management; and modified work duties. The progress notes of 4/15/2015 noted no reported complaints. The objective findings were noted to include slight tenderness to the lumbar spine and lumbar para-vertebral muscles, without spasms, and painful range-of-motion; significant decrease in range-of-motion to the right hip; and impaired sensation in the right lower extremity. The physician's requests for treatments were noted to include additional physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of physical therapy for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when added to the previous therapy sessions, the request exceeds the amount of PT recommended by ODG (12) for this patients diagnoses and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.