MAXIMUS Federal Services

Case Number:	CM13-0005703		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2005
Decision Date:	07/28/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 02/01/2005, from an unknown mechanism of injury. The injured worker had a history of sacroiliac joint pain, cervical radiculitis, and lumbosacral radiculitis. Upon examination on 04/23/2014, the injured worker reported constant lower back pain bilaterally that was aggravated with sitting and walking and alleviated with lying down and medication. The injured worker had diagnoses of lumbosacral radiculitis and sacralgia. The provider stated the patient would benefit from lumbar epidural steroid injections as well as pool therapy. The examination on 01/29/2014 of the lumbar spine showed boney palpation of the lumbar spine with tenderness to the spinous process at L5, the sacral promontory, and the sacrum. Active range of motion showed flexion to 80 degrees and extension to 10 degrees with increased pain with extension verses flexion. Diagnostic studies included right and left knee X-rays, cervical X-rays, cervical MRI, thoracic MRI, lumbar X-rays, lumbar MRI, left shoulder MRI, left knee MRI arthogram, left foot X-ray, right ankle MRI, right foot MRI, and upper and lower extremity electodiagnostic study. The prior treatments included acupuncture and cupping which provided some benefit, physical therapy, chiropractic treatment, use of an inversion bed, glucosamine, a home exercise program, lumbar epidural steroid injections which provided good relief, left subacrominal corticosteroid injection, hyalgan injections which provided good relief, and medications. The treatment plan is for physical therapy 12 visits, 1-2/week. The request for authorization and rationale for the request were not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits, 1-2/week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physicial therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disabiltiy Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s) 98-99 Page(s): 98-99.

Decision rationale: The injured worker has a past history of sacroiliac joint pain, cervical radiculitis, and lumbosacral radiculitis. MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend up to 12 visits. There is a lack of documentation indicating the injured worker had improvement of functional deficits with the prior therapy. The requesting physician did not provide an assessment of the injured worker's condition which demonstrated the injured worker has significant functional deficits remaining. The injured worker received at least 24 physical therapy sessions in the past per the Agreed Medical Evaluation report. The request for 12 sessions of physical therapy exceeds the guideline recommentations, and is therefore not medically necessary.