

Case Number:	CM13-0009291		
Date Assigned:	10/11/2013	Date of Injury:	04/16/2012
Decision Date:	02/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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 patient is a 22-year-old female who reported a work related injury on 04/16/2012, as a result of strain to the lumbar spine. Clinical note dated 07/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of the following diagnoses: sacroiliac joint synovitis, low back pain, degenerative disc disease of the lumbar spine, and bilateral wrist strain. The provider documents the patient was seen in clinic status post epidural steroid injections to the lumbar spine. The provider recommended the patient utilize 18 sessions of physical therapy to maximize her improvement status post injections. The provider documented upon physical exam of the patient flexion of the lumbar spine was noted to be at 60 degrees, extension 30 degrees. The provider documents the patient reports improvement status post her injection; however, continues to have pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times week for 6 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints. .

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient to utilize 18 sessions of physical therapy status post epidural steroid injection. The provider is documenting a recommendation for the patient to utilize active treatment modalities to further maximize the patient's reports of efficacy status post the injections. However, the clinical notes failed to document when the patient last utilized supervised therapeutic interventions and the efficacy of treatment. The patient presents close to 2 years status post a work related injury. Clinical notes document the patient presented with minimal objective findings of symptomatology upon physical exam. Chronic Pain Medical Treatment Guidelines indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Based on current literature, the only need for further physical therapy treatment post Epidural Steroid Injection would be to emphasize the home exercise program and this requirement would generally be included in the currently suggested maximum visits for the underlying condition or at least not require more than 2 additional visits to reinforce the home exercise program. Given that the provider recommended the patient continue utilization of an independent home exercise program, the request for Physical Therapy 3xwk for 6 wks Lumbar Spine is not medically necessary nor appropriate.