

Case Number:	CM13-0020663		
Date Assigned:	10/11/2013	Date of Injury:	05/28/2002
Decision Date:	04/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 53-year-old female who reported an injury on May 28, 2002. The mechanism of injury was not provided for review. The patient underwent permanent spinal cord stimulator implantation in 2004. The patient's most recent clinical evaluation determined that the patient had performed chronic low back pain that radiated into the bilateral lower extremities. Physical findings included a slightly hip flexed gait, tenderness to palpation of the right lateral hip, and tenderness to palpation throughout the lumbar paraspinal musculature. The patient's diagnoses included chronic postoperative syndrome, post-laminectomy syndrome, radiculitis, lumbago, muscle spasming, and pain in the pelvic joint. The patient's treatment plan included an EMG/NCS to rule out neuropathy versus radiculopathy, continuation of medications, a DNA test for drug sensitivity, and physical therapy of the lumbar spine and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY VISITS FOR THE RIGHT HIP, LUMBAR, AND SACRAL VERTEBRAE (VERTEBRA NOC TRUNK);: 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 Medicine Page(s): 98-99.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints that would benefit from active therapy. The California Medical Treatment Utilization Schedule recommends up to 8 visits to 10 visits of physical therapy for this type of injury. The clinical documentation submitted for review does not clearly indicate previous physical therapy treatments. The requested 18 physical therapy visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 18 Physical Therapy Visits For The Right Hip and Lumbar Spine, are not medically necessary or appropriate.