

Case Number:	CM13-0021147		
Date Assigned:	11/08/2013	Date of Injury:	07/31/2011
Decision Date:	01/10/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation, 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 45-year-old female who reported an injury to her low back on 07/31/2011, mechanism of injury not stated. The patient is noted to complain of ongoing low back pain. She reported back stiffness, numbness in the right leg, radicular pain in the right leg and weakness in the right leg, which she rated at a 7/10. She reported that back extension worsened her pain, and flexion worsened the pain. She was noted to have undergone a previous MRI of the lumbar spine, which showed mild degenerative disc disease at L5-S1. She was noted to have previously treated with transforaminal epidural steroid injections with short-term benefit, to have undergone an electrodiagnostic study in 01/2013 that was unremarkable, and she was noted to have treated with bilateral medial branch blocks without therapeutic benefit on 04/04/2013. The patient was reported to continue to complain of ongoing back pain; and on physical exam, she had positive pelvic thrust bilaterally, pain with Valsalva, positive Faber's maneuver, positive Patrick's maneuver bilaterally and pain with palpation over the L3-4, L4-5 and L5-S1 facet capsules bilaterally as well as secondary myofascial pain, triggering and ropy fibrotic bands with a positive stork test bilaterally. The patient was noted to have undergone bilateral SI joint injections, and a request was submitted for 12 sessions of post injection physical therapy. A clinical note dated 07/22/2013 reported that the patient was noted to have undergone a bilateral SI joint injection, and a clinical note dated 08/30/2013 noted that the patient had almost full resolution of her spinal pain following the SI joint injections. On 07/30/2013, a request was submitted for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits: Upheld

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

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

Decision rationale: The patient is a 45-year-old female who reported an injury to her low back on 07/31/2011. She is reported to continue to complain of ongoing low back pain with significant pain on range of motion and radiation of pain to the bilateral lower extremities with numbness, tingling and weakness. She was noted to have undergone imaging studies and electrodiagnostic studies that showed no findings of neural impingement and to have treated with transforaminal epidural steroid injections and medial branch blocks without benefit. She underwent a bilateral SI joint injection on 07/30/2013 with resolution of her pain. A request was submitted for 12 sessions of physical therapy. The California MTUS Guidelines recommend up to 9 to 10 sessions over 8 weeks for myalgia or myositis, and the Official Disability Guidelines recommend 1 to 2 sessions of physical therapy following injections for treatment of osteoarthritis or arthropathy. As such, the requested 12 sessions of physical therapy exceed the guideline recommendations.