

Case Number:	CM13-0023523		
Date Assigned:	11/15/2013	Date of Injury:	05/06/1999
Decision Date:	03/26/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Interventional Spine 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 41-year-old female with date of injury of 05/06/1999. The listed diagnoses per [REDACTED] dated 08/07/2013 are degeneration of lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, postlaminectomy syndrome of lumbar region, depressive disorder, anxiety, state unspecified. According to progress report dated 08/07/2013 by [REDACTED], the patient presents with lumbar paraspinal pain bilaterally with radiation to the sacral and gluteal region. She describes her pain as tight, sharp, stabbing, knots. She rates her least pain a 2/10, average pain of 4-5/10 and, at its worst 8/10. Her pain is aggravated by sitting, standing too long and bending. Her pain is alleviated with the use of ice, TENS, lying down, and massage. Physical examination shows the patient is pleasant with no apparent distress. Upper extremity motor examination shows results are within normal limits. Lower extremity examination is also within normal limits. Sensory is grossly intact to light touch bilaterally. Gait is normal, nonantalgic, and normal heel strike. The provider is requesting 1 physical therapy evaluation and treatment with no time frame, frequency or duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

One physical therapy evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with chronic lumbar pain bilaterally radiating to the sacral and gluteal region. The provider is requesting 1 physical therapy evaluation and treatment. The utilization review dated 08/27/2013 denied the request stating that "the request for 16 to 18 sessions of physical therapy is unnecessary given that the date of injury is from 1999, and it is unclear why ongoing physical therapy is needed." Unfortunately, review of 43 pages of reports does not show any physical therapy notes to verify how much treatments and with what results were accomplished. The California MTUS Guidelines page 98 and 99 for Physical Medicine Section states that 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. In this case, the patient may benefit from a trial of physical therapy for the patient's continued pain. However, open-ended request for therapy are unable to certify. The provider must specify frequency and duration. Therefore, the request is recommended for a denial.