

Case Number:	CM13-0025778		
Date Assigned:	07/02/2014	Date of Injury:	01/22/2009
Decision Date:	07/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine 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 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 female with a date of injury of 1/22/2009. Per progress noted dated 8/5/2013, the injured worker is status post bilateral rhizotomies at L2-L5, and is noticing at least 50% relief so far from the procedure. She denies any numbness or weakness. She reports improved range of motion in her lumbar spine since the rhizotomy. She is inquiring about starting physical therapy treatment post-rhizotomy for back strengthening and stretching exercises as well as core strengthening. On examination of the cervical spine there is no paracervical muscle tenderness bilaterally, with normal rotation to the right and left. There is no pain with flexion or extension, negative foraminal closure tests on the right and left. Back exam reveals minimal tenderness to palpation over lumbar-sacral spine. Range of motion is improved, most notably with extension and rotation. There is minimal tenderness over the L4-L5 and L5-S1 facet joints. Straight leg raise is negative bilaterally. Diagnosis is lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The ODG recommends that the use of rhizotomy should include evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and to alleviate discomfort. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend for myalgia and myositis, the patient receive 9-10 visits over 8 weeks. The injured worker has already had physical therapy previously, and this request is in excess of the number of sessions recommended. She has had therapist guided therapy, and should be prepared to continue a home exercise program for continued rehabilitation with encouragement from the treating physician. As such, the request is not medically necessary.