

Case Number:	CM13-0027778		
Date Assigned:	01/15/2014	Date of Injury:	11/27/1996
Decision Date:	06/19/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

This patient is a 56-year-old female with date of injury of 11/27/1996. Per treating physician's report, 05/01/2013, the patient presents with low back, hip, wrist, left leg, and has had pain for more than 10 years after a fall injury at work. Symptoms improved with assisted device, cold pack medications, cold therapy, resting, swimming, and TENS unit. The patient is able to walk less than 1 block with her pain and has trouble falling asleep. The patient has history of fibromyalgia as well. The patient has tried physical therapy and experienced some relief, has tried TENS therapy and experienced no relief, has tried pool therapy and experienced some relief, biofeedback no relief. Assessment has chronic pain from multiple sources, intrathecal pump maintenance, spinal cord stimulator maintenance, other malaise and fatigue, insomnia due to medical condition, radiculopathy. Prescribed medications were Dilaudid and Xanax, and the patient is to follow up in 1 month. A 04/05/2013 report is also reviewed with similar reporting. Under assessment, the treating physician states with more physical therapy after the last IT pump rate increased, she is now hurting more again and will need an additional increase. There are no discussions regarding physical therapy. A 03/08/2013 report is also reviewed. Subjective complaints are similar to the other reports. No discussion regarding current therapy or recent therapy or any recommendations for therapy. A 02/18/2013 report is by another physician and the patient continues to have coverage for the spinal cord stimulator in the left knee, recently took a fall which increases symptoms, and recently had a pain pump increased, and CT scans. The patient had constant pain in the low back with radiation down the left leg, able to walk about 10 minutes only. Recommendation was for pain management and consultation of lumbar epidural steroid injection; if injection does not improve, candidate for L5-S1 decompression and fusion. The request for physical therapy 12 sessions was denied by Utilization Review letter

08/27/2013 and rationale was that physical therapy did not appear necessary as the patient has normal strength with therapy recommended "simply for gait training and postural reeducation." The claimant has received prior therapy and the claimant should be capable of home exercises at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR 12 SESSIONS TO THE LUMBAR SPINE 2 X 6: 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: This patient presents with chronic low back pain, has intrathecal pump, and a spinal cord stimulation unit. The patient has high level of pain and very low level of function. The request is for physical therapy 2 times a week for 6 weeks. Review of the reports does not contain the progress report with the request for physical therapy, and therefore the rationale for the request is not available for this review. Review of the provided reports that include progress report from 02/07/2013 to 05/01/2013 do not show that the patient recently had physical therapy. However, there is evidence that the patient's intrathecal pump is being adjusted and the patient is seen by a specialist for management of the lumbar spine. MTUS Guidelines support up to 9 to 10 sessions of physical therapy for myositis/myalgia, radiculitis/neuritis type of condition that this patient suffers from. The current request for 12 sessions is over what is recommended by MTUS Guidelines. While it should be recognized that a short course of physical therapy should be provided to help maintain this patient's level of function, perhaps to increase the level of function a little bit and to encourage continued home exercise program to improve it. The current request exceeds what is allowed by MTUS Guidelines for up to 10 sessions only. Therefore, the request is not medically necessary.