

Case Number:	CM13-0037384		
Date Assigned:	12/13/2013	Date of Injury:	09/12/2010
Decision Date:	02/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/23/2013

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 50 year old female with date of injury 09/12/2010. Patient has diagnoses of sacroiliitis, lumbar disk hernia, lumbar spondylosis and low back pain syndrome. The patient is status post sacroiliac joint steroid injections performed on 07/31/2013 and 07/01/2013 by [REDACTED]. The patient reports no relief from pain after left the SI joint injection and lumbar epidural steroid injection. The request for 12 sessions of therapy was denied by utilization review letter 10/02/2013. The rationale was that the patient has failed all conservative management and there was no discussion as to how more treatments will make a difference. According to [REDACTED] report dated 09/04/2013, physical examination shows no limitation in range of motion. Spinous process tenderness is noted on L4 and L5. Faber test is positive. Patient is currently taking Baclofen 10mg and Naproxen Sodium 550mg for pain. The request is for 12 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (lumbar) 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with chronic low back pain with diagnoses of sacrolitis, lumbar disk hernia, lumbar spondylosis and low back pain syndrome. The patient is status post sacroiliac joint steroid injections on 07/01/2013 and 07/31/2013 by [REDACTED] and the treating physician states on 9/4/13 reports, "she got no relief from pain after left SI joint injection and lumbar epidural steroid injections. She also has failed physical therapy in the past." Then the treater asks for another round of therapy to see if this will give her any kind of pain relief. MTUS pages 98, 99 recommends 9-10 visits over 8 weeks for myalgia and myositis type symptoms. This patient presents with myalgia/myositis of low back. The treater's request exceeds what is recommended per MTUS guidelines. The treater does not provide any rationale as to how additional therapy is going to make a difference for this patient. Recommendation is for denial.