

Case Number:	CM13-0037897		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2005
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 33 year old female with date of injury from 02/21/2005. This patient's presenting complaints are chronic low back pain. Review of 08/20/2013 report by [REDACTED] lists diagnosis of low back pain, and he discussed trial of physical therapy could be beneficial, and the patient wanted to proceed with physical therapy. [REDACTED] was under the impression that the patient had physical therapy 7 years ago. 07/22/2013 report by [REDACTED] is also reviewed. Pain was noted constantly at 4/10 to 5/10. Current medications listed are Flexeril, Opana, Duexis. MRI was reviewed from 08/11/2011 that showed annular tear at L3-L4, L4-L5, L5-S1 levels with moderate spinal stenosis at L4-L5 and facet degeneration. The patient has had lumbar epidural steroid injection in the past. Listed diagnoses were unspecified back disorder, pain in lumbar spine, radiculopathy, SI joint degeneration, spinal stenosis and myofascial pain. Medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating annular tears at multiple levels. The patient presented to [REDACTED] on 08/20/2013 where the patient was evaluated with a diagnosis of chronic low back pain. Physical therapy unspecified amount was recommended, and it was under [REDACTED] impression that the patient has not had any therapy for 7 years. It would appear based on the physical therapy reports that were included for review that physical therapy was commenced after [REDACTED] recommendation. The physical therapy notes were found with dates starting 08/26/2013 to 09/20/2013 for total of 12 visitations. MTUS Guidelines make specific recommendations regarding physical therapy for myalgia/myositis unspecified which describes this patient's chronic low back pain, 9 to 10 visits over 8 weeks are recommended and allowing for fading of treatment frequency up to 3 visits per week to 1 or less. Active self-directed home physical medicine is then recommended. This patient may have not had any therapy for a number of years as indicated by [REDACTED]. 12 sessions of physical therapy were recommended. However, MTUS Guidelines limit physical therapy sessions to 10 sessions for this type of condition. The treating physician's recommendations for 12 sessions exceed what is recommended by MTUS Guidelines. Recommendation is for denial.