

Case Number:	CM13-0043265		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2011
Decision Date:	04/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 49-year-old female with date of injury of 11/10/2011. Per physicians report 09/12/2013 which is handwritten, it states, "The patient wants to wait SI injection", and the rest of the report is not legible. There is a prescription for something regarding SI joint 2 times a week for 6 weeks and I am assuming that this is for the physical therapy request. There is a report from 01/10/2013. He has a diagnosis of lumbar spine facet arthritis and acupuncture was recommended and additional acupuncture was being requested. Another typewritten report for 04/04/2013 shows a diagnosis of facet arthritis of lumbar spine. Discussion states that the patient continued to experience lumbar spine pain despite numerous acupuncture sessions and the request is for facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 LUMBAR AND SI JOINT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with persistent low back pain. Review of the reports show that the patient has had extensive acupuncture but there are no specific mentions of physical therapy being provided. The only reports reviewed were [REDACTED] reports from 01/10/2013, 04/04/2013, 05/21/2013, and 09/12/2013. Some of these reports were handwritten and illegible. There is a request for physical therapy 2 times a week for 6 weeks to address the patient's SI joints and lumbar spine. MTUS Guidelines recommends up to 9 to 10 visits of physical therapy for myalgia/myositis, neuritis/neuralgia, radiculitis-type symptoms. In this request, the requested number of treatments was 12 sessions. The treating physician does not provide any treatment history, response to prior physical therapy. This injury dates back 2011 and it is likely that the patient has had physical therapy in the past. Furthermore, the requested 12 sessions exceed what is recommended per MTUS Guidelines. Recommendation is for denial.