

Case Number:	CM13-0045027		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2012
Decision Date:	02/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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:

This is a 34 year-old female who was injured on 11/28/12 when she was slipped on her right foot without falling and developed low back pain. She was evaluated by [REDACTED] on 4/8/13 and was diagnosed with lumbosacral strain; right piriformis syndrome and right SI joint strain. She was reported to have had 12 sessions of PT without stabilizing and went on to have an MRI. The MRI was on 2/27/13 and was normal, but with some arthropathy at L4/5 and L5/S1. According to the 10/14/13 report by [REDACTED], the diagnoses included lumbar disc disease and lumbar radicular signs and symptoms. [REDACTED] states the initial PT for lumbar rehabilitation "was of clear benefit", but did not provide any details or explain why he felt it was of benefit when the other physician at the time the PT was being provided, felt it was not helping and recommended the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Pain Outcomes and Endpoints. Page(s): 98-99, 8-9.

Decision rationale: The patient presents with 7/10 low back pain. The 10/14/13 report from [REDACTED], states a recent chiropractic trial increased her pain, and that Flexeril and Tramadol were of some benefit with spasms and pain, but denial caused a flare of pain. [REDACTED] also states that initial PT was of clear benefit. According to the records, the patient had 12 sessions of PT without benefit, and this prompted the request for the lumbar MRI which was reported to show some L4/5 and L5/S1 arthropathy, but otherwise unremarkable. MTUS on pain outcomes and endpoints, page 9 states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. " There is no reporting of functional benefit with the prior 12 sessions of PT. MTUS does not recommend continuing with therapies that do not provide a satisfactory response or result in functional improvement. MTUS recommends 8-10 PT sessions for various myalgias and neuralgias, and according to the records, this patient has already exceeded this. The request is not in accordance with MTUS guidelines.