

Case Number:	CM13-0066439		
Date Assigned:	01/08/2014	Date of Injury:	10/14/2012
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 case involves a 40 year-old female who was injured on 10/14/12 when she fell at work. She has been diagnosed with L4/5 disc herniation; Coccydynia; probable old coccyx fracture that has become symptomatic since the injury of 10/14/12; facet syndrome at L5/S1 bilaterally; and bilateral upper extremity radiculitis. According to the 11/25/13 orthopedic report from [REDACTED], the patient presents with worsening low back pain, continued tailbone pain and bilateral arm pain and numbness. [REDACTED] notes the patient had medications, PT, acupuncture and was currently going through chiropractic care. The patient however, told [REDACTED] that she never had PT, and [REDACTED] states he does not have records to verify that. He states that if the patient has not had PT, she should have a course of PT and recommended PT 2x6. On 12/6/13, UR alleges the patient had 6 sessions of PT and recommended modification to allow 2 sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWICE PER WEEK FOR SIX WEEKS, FOR THE LUMBAR SPINE: 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: The patient presents with low back pain/coccyx pain and upper extremity radiculitis. According to the available records, the patient slipped and fell on 10/15/12 and injured her back. She was 7-months pregnant at the time so x-rays were not taken. She had activity modification and had PT at the [REDACTED]. She was taken off work due to her pregnancy by [REDACTED] and delivered the child on 12/18/12, and returned to work on 5/18/13. The back pain persisted then she was treated with acupuncture, and more recently chiropractic care. It does not appear that she has had PT since delivery of the child, or her return to work on 5/18/13. A new course of PT would appear reasonable; however, MTUS guidelines state that up to 8-10 sessions of PT are reasonable for various myalgias and neuralgias. The request as written is for PT x12, and will exceed the MTUS recommendations.