

Case Number:	CM13-0066910		
Date Assigned:	01/03/2014	Date of Injury:	05/22/2012
Decision Date:	07/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 23 year old female presenting with chronic pain following a work related injury on 5/22/2012. The claimant reported increased pain in the tail bone and rated at 6/10. The pain is described as sharp, achy and throbbing. The pain is increased with prolonged sitting. The physical exam was significant for tilted posture towards the left trying to keep the pressure off her spine, upright posture with nonantalgic gait. The MRI and xray of the spine was non-significant. The claimant was diagnosed with sacroilitis, contusion of the coccyx and coccydynia. The claimant completed 13 of 24 physical therapy visits from 10/29/2012 to 2/5/2013. A progress note from physical therapy noted increased tolerance to exercise, improved range of motion and Oswestry score. On 2/5/2013, the enrollee was noted to be deconditioned with pain in the left low back/buttock region and central low back. 9 visits over 8 weeks was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Low Back, Physical Therapy Guidelines.

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

Decision rationale: Page 99 of Ca MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records note that she had 13 of 24 visits with increased tolerance to exercise and improved range of motion. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize her benefit with physical therapy; therefore, the request is not medically necessary.