

Case Number:	CM13-0070242		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2010
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 35-year-old female who had a work injury dated 10/1/2010. Her diagnoses include chronic pain syndrome, myofascial pain syndrome, and lumbar facet syndrome (Right L5-S1). There is a request for physical therapy (to the lumbar spine) two (2) times weekly for four (4) weeks. According to the documentation, the patient has had twenty-eight (28) chiropractic visits and four (4) physical therapy visits. There is a primary treating physician progress report that states that the patient has had chronic low back pain second to facet arthropathy and myofascial pain. She will benefit from flexion based therapy with strengthening of the lumbar paraspinal muscles. She also needs desensitization techniques and a home exercise program. Her goals are to increase function and diminish pain. She is in receipt of the letter dated 11/27/13, modifying the request for eight (8) sessions of physical therapy (PT) to four (4) sessions, because she was given chiropractor rehabilitation and ensured an appropriate home exercise program. The treating physician states that chiropractor therapy is different with regard to her individualized treatment plan. She requires more sessions in order to benefit from physical therapy. On physical exam of her lumbar spine, lumbar facet loading is positive on both the sides. The FABER test is negative. The strength in the lumbar paraspinal muscles is 4/5. There is tenderness noted over the posterior iliac spine on both the sides, and no tenderness noted over the sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE:

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s):
98-99.

Decision rationale: The Chronic Pain Guidelines recommend up to ten (10) visits for this condition. The guidelines also recommend to continue therapy if there is evidence of functional improvement or decrease in pain. The patient has already had four (4) physical therapy visits without significant functional improvement. The request for an additional eight (8) visits would exceed guideline recommendations. The request for four (4) physical therapy visits for the lumbar spine is not medically necessary.