

Case Number:	CM14-0103725		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2009
Decision Date:	10/21/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 and is licensed to practice in Nevada. 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 records, presented for review indicate that this 64-year-old female was reportedly injured on 2/12/2009. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated 4/21/2014, indicated that there were ongoing complaints of low back pain, right hip pain and left upper extremity pain. The physical examination demonstrated lumbar spine had positive tenderness right across the iliac crest into the lumbosacral spine. Standing flexion and extension were guarded and restricted. There was generalized weakness to the bilateral lower extremities and what appeared to be L4-L5 nerve roots and dermatome and to a lesser extent the L5-S1. Diagnostic imaging studies included radiographs of the lumbar spine, which revealed extensive multilevel lumbar spondylosis noted at the L5-S1 with almost bone on bone erosion at the levels of L3-L4, L4-L5, and L5-S1. Previous treatment included medications, physical therapy, chiropractic care, and epidural steroid injections. A request had been made for Physical Therapy two times a week for six weeks for the Lumbar Spine #12 and was not Medically necessary in the pre-authorization process on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-x week x 6 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records fails to demonstrate an improvement in pain or function. The claimant underwent 30 sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits; this request is not considered medically necessary.