

Case Number:	CM14-0013232		
Date Assigned:	03/14/2014	Date of Injury:	05/23/2010
Decision Date:	08/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 is a 39-year-old female patient with a 5/23/10 date of injury. She injured herself while was picking up boxes of materials. A progress report dated on 12/18/13 indicated the patient complained of ongoing lower back pain radiating to the bilateral buttocks and down to the anterior and posterior thighs through the shins and calves, into the dorsal and plantar aspect of the toes. Her pain was 8/10 on VAS scale. MRI dated on 10/15/13 revealed chronic degenerative changes at L3-4, L4-5 and L5-S1. She was diagnosed with L3-S1 degenerative disk disease, L4-L5 disk herniation with possible annular tear, L3-S1 stenosis and Lumbar radiculopathy. Treatment to date includes medication management and physical therapy. There is documentation of a previous 12/24/13 adverse determination, based on the fact that guidelines did not support over treating in the chronic pain situations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy (pt), two (2) times per week for three (3) weeks to the lumbar, (consisting of therapeutic exercise (ther ex), myofascial release, ultrasound, electrical stimulation (e-stim), and massage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Physical Therapy Guidelines and American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6, Page 114.

Decision rationale: California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient presented with ongoing lower back pain radiating down in the lower extremities. The patient date of injury was on 5/23/10, and this request is for additional physical therapy, so she has had physical therapy previously. ODG supports 10 to 12 sessions of physical therapy for lumbar radiculitis/sciatica. However, there was no documentation of functional gains or significant pain relief from any previous physical therapy sessions. In addition, it was unclear why the patient has not been able to transition successfully to a home exercise program. The number of sessions previously attended is not documented. Therefore, the request for outpatient additional physical therapy (pt), two (2) times per week for three (3) weeks to the lumbar, (consisting of therapeutic exercise (ther ex), myofascial release, ultrasound, electrical stimulation (e-stim), and massage) was not medically necessary.