

Case Number:	CM14-0018493		
Date Assigned:	04/18/2014	Date of Injury:	05/17/2012
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology & Pain medicine, and is licensed to practice in Florida. 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 injured worker is a 61-year old female who reported injury on 05/17/2012. The mechanism of injury was the injured worker picked up a box to shake out stuck merchandise and experienced a spasm to the low back. The diagnoses include chronic pain syndrome, sciatic nerve lesion, and sprain of the sacroiliac. Additional diagnoses included osteoarthritis of the hip, myofascial pain syndrome/fibromyalgia, lumbosacral facet arthropathy, sacroiliac joint syndrome and trochanteric bursitis. Prior treatments include physical therapy and acupuncture. The documentation of 01/06/2014 revealed the injured worker had low back pain radiating to both buttocks and the back of both thighs, right hip pain, and right buttock pain. It was indicated physical therapy gave temporary relief, and acupuncture gave no relief. The physical examination revealed the injured worker had loss of normal lordosis with straightening of the lumbar spine with limited range of motion, and upon palpation the injured worker had tenderness and trigger points in the paravertebral muscles on the right side. The injured worker had spinous process tenderness on L4-5. The injured worker had a positive lumbar facet loading test on the right side. The straight leg raise was positive on the right side at 60 degrees in the sitting position and internal rotation of the femur resulted in deep buttocks pain. The injured worker had range of motion that was limited in the right hip. Tenderness was noted over the groin, greater trochanter, and there were multiple trigger points over the iliotibial band. The Ober's was positive. The treatment plan included a right hip injection, and physical therapy as well as Dendracin lotion and gabapentin 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK AND RIGHT HIP 2X4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for a maximum of 9 to 10 visits for myalgia and myositis. As they do not specifically address the hip and the low back, additional guidelines were sought. The Official Disability Guidelines indicate the treatment for sciatica is 10 to 12 visits over 8 weeks. They further indicate that the treatment for osteoarthritis is 9 visits over 8 weeks and when treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The clinical documentation submitted for review indicated the injured worker had temporary relief with physical therapy. There was lack of documentation of the quantity of sessions that were attended. There is lack of documentation of objective functional benefit received from physical therapy. There is lack of documentation of objective functional deficits that remained to support the necessity for ongoing therapy. There was lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a physical therapy for the low back and right hip 2 times 4 weeks is not medically necessary.