

Case Number:	CM14-0128294		
Date Assigned:	08/27/2014	Date of Injury:	10/13/2006
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Texas. 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 66 year old retired female who sustained an industrial injury on 10/13/2008. Treatment to date has included PT x 16 in 2012; trigger point injections, left trochanteric bursa ultrasound injection, and PT x 10 in 2013; bilateral SI joint injections on 2/12/2014; left TFESI at L4-5 and L5-S1 on 4/23/2014; PT x 10 in 2014, as well as medications, and TENS unit. PT lumbar activity log documents the patient attended physical therapy on the dates of service: 1/03, 1/15, 1/20, 1/23, 2/04, 2/11, 2/20, 2/24, 3/03, and 3/13/2014. The patient presented for secondary treating physician follow-up and medication refill on 6/19/2014. Pain levels have subsided in terms of her radicular symptoms, greater than 70% since the epidural injection procedure. She has residual pain in the lumbar region. She also has coccyx pain as coccygodynia. Pain is rated 6/10. She is happy with results from ESI on 4/23/14, as she is able to ambulate longer and perform ADLs, and able to take less medications as well. She reports sleeping better with Quazepam. Physical examination reveals lumbar region tenderness, positive facet maneuvers, improved sensory in left anteriolateral thigh and leg, decreased patellar reflex, positive SLR on the left. Diganoses are chronic pain syndrome, lower back pain, sciatica, lumbar/thoracic radiculopathy, pelvic region and thigh pain. Current medications are protonix, tramadol, tylenol, mobic, and trazodone. Treatment plan includes request for authorization fo PT 2-3/week for 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post injection Physical Therapy 2-3 x 10 weeks (28) visits to low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Post injection PT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise; Physical Medicine Page(s): 46-47; 98-99.

Decision rationale: According to the CA MTUS, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. CA MTUS states patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks. The patient is several months post LESI injection performed in April 2014. According to the 6/19/2014, she continues to claim having obtained 70% reduction in pain also allowing for better function and less medication use. The patient has undergone extensive physical therapy to date, including attending PT during the 2 months prior to undergoing the LESI. It is felt that this patient should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The requested course of physical therapy is excessive and inconsistent with the recommendations of the CA MTUS guidelines. Therefore, the request is not medically necessary.