

Case Number:	CM14-0152496		
Date Assigned:	09/22/2014	Date of Injury:	09/26/2002
Decision Date:	10/23/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation 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 61 year old patient had a date of injury on 9/26/2002. The mechanism of injury was pushing books on a cart down a ramp when she lost control and it bounced back and hit her back and legs. In a progress noted dated 7/3/2014, the patient complains of low back pain, bilateral buttock pain, bilateral leg pain. On a physical exam dated 7/3/2014, the patient is very stiff getting up from seated and displays grimacing with flexion/extension. There is pain over right buttock and right SI joint. The diagnostic impression shows chronic pain syndrome, lumbar disc displacement, lumbago, post laminectomy syndrome. Treatment to date: medication therapy, behavioral modification, spinal cord stimulator. A UR decision dated 8/26/2014 denied the request for outpatient physical therapy x12 to lumbar, stating that there is no indication of previous physical therapy or results of these sessions. Furthermore, there is not sufficient documentation or rationale for outpatient physical therapy visits to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical Therapy times twelve (12) to the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) , Pain, Suffering and the Restoration of function Chapter 6 pg 114, Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends 10 visits over 8 weeks for sprains and strains of sacroiliac region. However, in the 7/3/2014 progress report, there was no clear description of objective functional goals intended from physical therapy. Furthermore, there was no rationale provided regarding why this patient require 12 sessions, when guidelines support 10 sessions over 8 weeks. Therefore, the request for physical therapy x12 for lumbar spine is not medically necessary.