

Case Number:	CM14-0177152		
Date Assigned:	10/30/2014	Date of Injury:	12/18/2011
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with a 12/18/11 date of injury, and T11-12 decompression on 10/25/13. At the time (9/18/14) of request for authorization for an MRI of the lumbar spine with and without contrast and 18 physical therapy sessions, there is documentation of subjective (low back pain) and objective (tenderness over the parathoracic and paralumbar muscles, decreased lumbar range of motion, and decreased sensation on lateral right foot) findings, current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc, degeneration of thoracic or thoracolumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of thoracic regions, and intervertebral thoracic disc disorder with myelopathy), and treatment to date (medications and epidural steroid injection (9/4/14)). Medical report identifies that the requested physical therapy is to strengthen core and optimize function after epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG identifies up to 2 visits of post-injection physical therapy over 1 week. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, degeneration of thoracic or thoracolumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of thoracic regions, and intervertebral thoracic disc disorder with myelopathy. In addition, there is documentation of a request for physical therapy to strengthen core and optimize function after epidural steroid injection and a 9/4/14 epidural steroid injection. However, the request for 18 physical therapy sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 18 physical therapy sessions is not medically necessary.