

Case Number:	CM14-0179877		
Date Assigned:	11/05/2014	Date of Injury:	04/25/2011
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 46-year-old female with a 4/25/11 date of injury, when she injured her lower back while working as a caregiver. The patient was seen on 10/3/14 with complaints of persistent 10/10 low back pain with frequent spasms, numbness, tingling and radiation into both legs. Exam findings revealed lumbar flexion 40 degrees and lumbar extension 15 degrees. The patient's gait was slow and she ambulated with a cane. The progress note stated that the patient was approved for 2 sessions of PT and that she received the prescription and copy of the approval and that the approval for visit. The diagnosis is chronic pain syndrome, hip sprain/strain, discogenic cervical and lumbar condition. Treatment to date: work restrictions, back brace, medications, psychotherapy and Terocin patches. An adverse determination was received on 10/9/14. The request for physical therapy (PT) times 12 sessions for the lumbar spine was modified to 2 sessions given that the patient had PT in the past and the number was unknown and there was no rationale why prescribed independent home exercise program would be insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA 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. The reviewer's notes indicated that the patient had PT treatment in the past; however the number of accomplished visits was not specified. In addition, there is no rationale with clearly specified goals from PT for the patient. Additionally, given that the injury was over 3 years ago there was no mentioning about a recent trauma and it is not clear why the patient cannot transition into independent home exercise program. Lastly, the UR decision dated 10/9/14 certified 2 sessions of PT for the patient. Therefore, the request for Physical therapy times 12 sessions for the lumbar spine is not medically necessary.

Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics, Chapter 6- Independent Medical Examinations and Consultations, (page 127, 156)

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, the UR decision dated 10/9/14 certified the request for a consultation/evaluation and the latest progress note stated that the approval was faxed to the specialist's office. It is not clear why an additional request was made. Therefore, the request for referral is not medically necessary.