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| Case Number: | CM14-0027062 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 09/15/2008 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Occupational Medicine 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:

The claimant was injured on 09/15/08. She injured her low back and has a diagnosis of lumbar facet arthropathy, radiculopathy, spinal stenosis, myositis, and myalgia. Physical therapy has been recommended for 8 visits and is under appeal. She saw [REDACTED] on 02/26/14. She has a history of chronic low back pain with bilateral lower extremity radiation. She was in moderate distress with spasm and tenderness and decreased range of motion due to pain. She had decreased strength in both lower extremities. An MRI showed discogenic low back pain. She had findings consistent with discogenic low back pain. Epidural steroid injections were recommended in the past. She had an MRI on 11/02/12 that revealed multilevel disc bulging. There was also anterolisthesis and some facet changes. She saw [REDACTED] on 11/14/13 and complained of low back pain that radiated to her lower extremities with tingling and numbness. She also had neck pain that radiated to her shoulder and wrist. Her pain level was 8/10 with medications and 10/10 without. She was taking Neurontin and was swimming and walking and doing exercises at home. She was requesting stronger opiates. She was in moderate distress. She had tenderness including myofascial and vertebral tenderness on palpation. She had failed drug therapy, activity modifications and physical therapy and had persistent trigger points. These were injected. She also had a therapeutic ESI of the lumbar spine and was seen for reevaluation. She reported a positive response. She was to continue an ongoing home exercise program. She was prescribed several medications. On 01/15/14, she was seen again. She continued to complain of pain. Two days before her low back popped and her left leg went numb. She complained of shooting pain in the spine and left leg. Her findings were unchanged. Straight leg raise was positive for radicular pain at 40. She was to continue her home exercises. A bariatric surgical procedure has also been recommended for her. She was diagnosed with probable obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The history and documentation do not objectively support the request for an additional 8 visits of PT at this time. The claimant has attended PT in the past and reportedly it did not help. She has a chronic condition but has been exercising. The MTUS state "physical medicine treatment may be indicated for some chronic conditions and 'patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.'" There is no clinical information that provides evidence that this course of PT is likely to provide the claimant with significant or sustained benefit for her chronic condition or how it will benefit her more than her home exercise program. There is no indication that the claimant is unable to complete her rehab with her independent HEP. The medical necessity of this therapy has not been clearly demonstrated.