

Case Number:	CM14-0032075		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2013
Decision Date:	12/08/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 54-year-old male with a date of injury of 10/14/2013. The listed diagnoses per [REDACTED] are: 1.Spinal stenosis of lumbar region, 2.Degenerative lumbar/lumbosacral intervertebral disk. According to progress report, 02/05/2014, the patient continues with low back pain. Patient is utilizing Motrin IV 200 mg for his pain. There is no physical examination noted. Under treatment plan, the treating physician requested authorization for facet injections and physical therapy. Progress report from 01/31/2014 states the patient has low back pain rated as 8/10 on a pain scale. Examination revealed muscle spasms and decreased range of motion. Positive straight leg raise to the right lower extremity was noted. There is decreased range of motion in all planes. Review of MRI report from 01/20/2014 revealed L5 to S1 5-mm disk protrusion and severe facet arthropathy. This is a request for lumbar facet post-injection physical therapy 2x4. Utilization review denied the request on 03/04/2014. Treatment reports from 10/15/2013 through 02/05/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet post-injection physical therapy (PT), 2 x per week for 4 weeks (for a total of 8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) web version Treatment, Integrated Treatment/Disability Duration Guidelines:
Low Back - Lumbar & Thoracic (Acute & Chronic)ODG Physical Therapy Guidelines

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

Decision rationale: This patient presents with continued low back pain. The request is for "lumbar facet post-injection physical therapy (PT), 2 times per week for 4 weeks (for a total of 8 sessions)." For physical medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates that the patient received 10 physical therapy sessions between 10/15/13 through 2/2/14. Progress reports indicate "significant" benefits from prior physical therapy sessions. The patient reported decrease of pain levels from 10/10 to 1-2/10 with increased range of motion. In this case, guidelines do not discuss physical therapy for post-injections. Given the patient has already participated in 10 physical therapy sessions, the requested additional 8 exceeds what is recommended by MTUS. The request is not medically necessary.