

Case Number:	CM14-0032949		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2003
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 63 year old who was injured on 4/17/2003. The diagnoses listed are neck pain, lumbar radiculopathy, carpal tunnel syndrome and sacroiliac joints pain. The MRI of the lumbar spine showed degenerative disc disease, facet arthropathy and neural foramina stenosis. On 2/5/2014, [REDACTED] noted subjective complaints of low back pain radiating down the lower extremities. The pain score was 5-6/10 on a scale of 0 to 10. The patient was noted to have completed 6 sessions of PT with 30% improvement in symptoms. She was walking for 30-40 minutes. There were minimal objective findings with the sensory, motor, reflexes and range of motion examinations documented as normal. There was tenderness and positive FABER on the left sacroiliac joint. The patient was advised to continue with the home exercise program. The medications are Lidoderm and BenGay topical and ibuprofen for pain. A Utilization Review determination was rendered on 2/14/2014 recommending non certification for Physical Therapy 12 sessions for bilateral sacroiliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions for Bilateral Sacroiliac Joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Back Chapter.

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

Decision rationale: The CA MTUS addressed the use of active physical therapy in the treatment of chronic low back pain. Physical therapy is used to alleviate discomfort or pain, restore flexibility and increase range of motion of affected body parts. The guidelines recommend the progression to home exercise programs after completion of the initial physical therapy treatment. The records indicate that the patient completed 6 sessions of PT with 30% improvement in low back pain. The patient had already progressed to home exercise program and is now able to walk for 30 to 40 minutes. The criteria for 12 PT sessions for bilateral Sacroiliac joints pain were not met.