MAXIMUS Federal Services

Case Number:	CM14-0052011		
Date Assigned:	07/07/2014	Date of Injury:	12/13/2000
Decision Date:	09/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old female who developed lower back pain at work on 12/13/ 2000 while lifting boxes and moving fixtures.The pain went down from her lower back to her buttocks. Since she continued to experience pain despite physical therapy, and chiropractice care, she had back surgery in 2004. The back surgery was complicated by incisional hernia. She did not go back for therapy after the surgery, though she exercised on her own at home. However, later in 2007, when she had a repeat back surgery, she was prescribed Physical therapy but this was denied. Over the years she developed intense pain in her left groin, numbness in her feet that worsens with exercise, lack of bowel movement, inability to urinate due to lack of awareness of full bladder. She has progressive worsening weakness in her lower extremities. The weaknes makes it diffcult for her to get up from a sitting or laying down position without using her arms. She suffers from 5-7/10 pain in her neck, head, upper back, mid back, buttocks, arms and legs. The pain is either aching, sharp, stabbing, or electrical. She is limited in activities of daily living except when she is on her medications. She has not been working. She did not beneift from the following treatments: acupunture, aquatic therapy, Deep tissue massage, TNS, and Epidural injections. IEP(Individual Educational Program) and HELP were helpful. She had six sessions of physical therapy for her back in late 2013 and early 2014. This provided reduction in swelling, and in muscle guarding, as well as improvement in inflammation. Additional therapy was denied. The worker is being treated with Ibuprofen 600mg, Ibuprofen 800mg, Cymbalta, Baclofen, Robaxin, Melantonin, Senokot, Zocor, Fosamax, Calcium, Albuterol, Vitamin D, Aspirin, Multivitamins. She has been diagnosed of status post Laminectomy syndrome x 2 with complications of pseudoarthrosis requiring second posterior surgery and incisional hernia, L3 Radiculopathy versus meralgia paresthetica, right lower extremity; Possible CRPS Syndrome versus nerve damage, marked by autonomic dysfunction and changes in the skin temperature

despite equal pulses, Neurogenic bowel and bladder related to loss of sensation, Possible CTS Cervical, DDD, Sprain of the knee. Request for Physical Therapy for back x6 additional visits, and Physical Therapy for Right Knee is being disputed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for back x6 additional visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker was supposed to have received 16 Physical therapy visits after the laminectomy over 8 weeks. Though the postsurgical treatment period for discectomy and laminectomy) is 6 months, she benefited from the physical therapy she later received. The physical Medicine section of the chronic pain chapter of the MTUS says the overall success rates of physical therapy is 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. The additional 6 sessions will bring her to a total of 14 sessions, which is less than the 16 sessions she would have been allowed during the postsurgical period.

Physical Therapy for Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request does not explain why she needs physical therapy for her knee when the injury is in her low back. Therefore, this request is not medically necessary.