

Case Number:	CM14-0055658		
Date Assigned:	06/20/2014	Date of Injury:	08/13/2000
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 63 year old female who reported an injury on 08/13/2000. The injured worker complained of chronic pain in the lower back, the lower extremities as well as difficulty sleeping. The injured worker also developed bilateral knee pain secondary to the injury. The physical exam noted deep tendon reflexes 1+ bilaterally and was unable to check the right knee jerk due to pain. A neurologic examination did not reveal any objective focal motor deficits and an MRI of the lumbar spine revealed no major neural impingement. The injured worker has a history of low back pain, bilateral knee pain and experiences parasthesias involving the left lower extremity. Previous treatments included medications, physical therapy, and a trial of lumbar epidural steroids. The injured worker also had a total right knee replacement, with four additional surgeries on the right knee due to a staph infection. The documentation did not indicate the number of physical therapy sessions completed, the focus area of the physical therapy sessions, or the injured workers response to the physical therapy sessions. There was also no documentation indicating the site and the number of epidural steroid injections given. The documentation provided indicated the medications currently taken by the injured worker including Pristiq 100mg daily, Ambien 10mg at bedtime, Klonopin 1mg twice a day as needed, Neurontin 600mg daily and Celebrex 200mg daily. The requested treatment plan was for additional physical therapy for the low back as well as left lumbar radiculopathy twice a week for 4 weeks. The request for authorization form and rationale were not provided in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO LUMBAR SPINE AND LEFT LOWER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

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

Decision rationale: The request for physical therapy to the lumbar spine and the left lower extremity is not medically necessary. The injured worker has a history of low back pain and experiences parasthesias involving the left lower extremity. The injured worker's previous treatments included medications, physical therapy and a trial of lumbar epidural steroids. The California MTUS recommends physical medicine to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The documentation provided did not indicate the number of completed physical therapy sessions, the focus of the physical therapy sessions, or the injured worker's response to the physical therapy. The documentation provided did not indicate whether or not the injured worker had completed an at home exercise program (HEP). Additionally, the documentation for the requested physical therapy sessions does not indicate a fading of treatment frequency. Based on the above noted, the request is not medically necessary.