

Case Number:	CM14-0070458		
Date Assigned:	07/14/2014	Date of Injury:	02/08/1999
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Rehabilitation 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 underlying date of injury in this case is 02/08/1999. The mechanism of injury is that the patient twisted to the right to pull a file out of a cabinet drawer and developed low back pain. On 04/21/2014, the patient was seen in physiatry evaluation by a new treating physician. The physician reviewed the patient's history in detail and noted the patient had the diagnoses of lumbar postlaminectomy syndrome, lumbar myofascial pain syndrome, right sacroiliac dysfunction, and chronic pain syndrome. The treating physician recommended treatment to include cognitive behavioral therapy as well as 8 sessions of physical therapy for the low back specifically to treat right sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Exercise Page(s): 99; 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends transition to an independent home rehabilitation program. The Chronic

Pain Medical Treatment Guidelines, section on exercise, states that there is not sufficient evidence to support the recommendation of any particular exercise regimen over another exercise regimen. This patient would be anticipated to have previously transitioned to an independent home rehabilitation program. The treating physician recommends additional physical therapy aimed at sacroiliac joint dysfunction; however, the treating physician does not include specificity as to what such a specific sacroiliac physical therapy program might include, nor do the treatment guidelines provide such guidance. Given the limited information, this request is not supported by the treatment guidelines. As such, the request for physical therapy twice a week for four weeks for the low back is not medically necessary and appropriate.