

Case Number:	CM14-0079554		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2000
Decision Date:	09/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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, 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 64 years old female with an injury date on 05/02/2000. Based on the 04/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right total knee arthroplasty. 2. Severe degenerative joint disease, left knee. 3. Status post anterior cervical discectomy and fusion, C5-6. 4. Lumbar spine myoligamentous sprain/strain exacerbation. According to this report, the patient complains of severe low back pain over the past several weeks. The "back locked up on her and she couldn't straighten up." Cervical and lumbar ranges of motion are restricted with pain. Tenderness is noted at the cervical and lumbar paravertebral muscles. Positive straight leg raise was noted, bilaterally. Range of motion of the right knee is 0 to 05 degree. Range of motion of the left knee is 0 to 150 with crepitus and pain. There were no other significant findings noted on this report. The utilization review determination being challenged is dated 05/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/2014 to 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 weeks for Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary last updated 03/31/14.

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

Decision rationale: According to the 04/15/2014 report by [REDACTED] this patient presents with severe low back pain over the past several weeks. The "back locked up on her and she couldn't straighten up." The provider is requesting 8 sessions of physical therapy for lumbar spine. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports. However, the reports show that the patient has an exacerbation of the low back pain recently. Given the patient's symptom had flared-up, the requested 8 sessions of physical therapy for lumbar spine appear reasonable and consistent with the guidelines. Recommendation is that of medical necessity.