

Case Number:	CM14-0089773		
Date Assigned:	09/10/2014	Date of Injury:	09/16/2007
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records, presented for review, indicate that this 40-year-old female was reportedly injured on September 16, 2007. The mechanism of injury was noted as a fall to the floor when another individual bumped into the claimant. A note dated May 21, 2014 was referenced and noted ongoing complaints of chronic neck, back, and hip pains. The most recent progress note available was dated September 11, 2014. The physical examination at that time demonstrated a well-developed, well groomed, and well-nourished individual with a depressed mood. Gait was noted to be antalgic and ambulation was without assistance. Diagnostic imaging studies have included CT scan of the lumbar spine in June 2011 demonstrating fused bone graft and an MRI of the lumbar spine in April 2011 demonstrating and L4-L5 lumbar interbody fusion with no evidence of recurrent disc protrusion, caged displacement, or epidural fibrosis. MRIs of the lumbar spine were also obtained in October 2007 and in April 2008. EMG of the bilateral lower extremities in January 2008 revealed a radiculopathy of the left L5 spinal nerve root. A repeat lumbar spine MRI request was also made subsequent to the 2011 MRI. Previous treatment included pharmacotherapy, physical therapy, epidurals of the lumbar spine, discogram, and L4-L5 fusion. A request had been made for 12 sessions of pelvic floor therapy and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions pelvic floor therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99 of 127.

Decision rationale: The MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 8-10 visits over 4 weeks. The current request for #12 physical therapy visits exceeds the amount supported by the Chronic Pain Treatment Guidelines. Additionally, the claimant was previously provided pelvic floor physical therapy in the documentation available and included no information on the number of visits completed, objective evidence of functional gains with the pelvic floor therapy provided, or any physical examination or subjective symptoms to substantiate the medical necessity of additional pelvic floor physical therapy. Based on the information available, 12 sessions pelvic floor therapy is not medically necessary.