

Case Number:	CM14-0099179		
Date Assigned:	08/04/2014	Date of Injury:	02/22/2013
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain 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 42 year old female who was injured on 02/22/13 due to repetitive lifting. The injured worker complains of constant pain and stiffness in the low back which radiates to the right lower extremity. There is no numbness or tingling in either lower extremity. The injured worker is diagnosed with a sprain of the lumbar region. Treatment has included approximately 20 sessions of physical therapy. An initial comprehensive orthopaedic evaluation dated 05/29/14 notes that the injured worker reports no relief or improvement with physical therapy. The injured worker has also received oral medications with no improvement. This note also indicates the injured worker is currently working as an administrative assistant with full duties. Trigger point injections are suggested at this visit and a request is submitted for two in-office steroid injections to the lumbar spine followed by 6 sessions of physical therapy. Utilization review dated 06/10/15 approved the injections but modified the request for physical therapy, certifying two sessions for myofascial release. This is a request for 6 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy for the lumbar spine, 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic chapter, Physical therapy section

Decision rationale: The request for authorization indicates the six sessions of physical therapy are to follow two in-office steroid injections to the lumbar spine. Official Disability Guidelines allows for up to 1-2 sessions of physical therapy over one week for post-injection treatment. This request exceeds guideline recommendations. There are no exceptional factors noted which would warrant treatment in excess of guideline recommendations. Moreover, records indicate the injured worker reports that no previous amount of physical therapy has provided relief. It is not clear that physical therapy following injections would result in a different response. Based on the clinical information provided, medical necessity of six additional physical therapy visits for the lumbar spine, twice per week for three weeks is not established.