

Case Number:	CM13-0055806		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2009
Decision Date:	12/03/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on February 13, 2009. She reported right arm pain. The injured worker was diagnosed as having chronic pain postoperative, chronic pain due to trauma, chronic pain associated with significant psychosis, migraine, occipital neuralgia, postsurgical spine surgery syndrome, thoracic spine pain, cervical facet arthropathy, cervical disc displacement, cervical radiculopathy, post lumbar spine surgery syndrome, lumbar radiculopathy, constipation secondary to opioid medications and low back pain. Treatment to date has included diagnostic studies, injection, medication and physical therapy. On October 10, 2013, the injured worker complained of chronic spine pain that was worse in the low back on the left side-gluteal region and into the left lower extremity. There was also pain on the right side of the neck through the right upper extremity. She reported muscle spasms nightly in her feet, hips and calf. Her left toes were note to "do their own thing." A lower extremity examination showed patellar deep tendon reflexes absent bilaterally. Achilles was absent on the right. Flexion and extension of the lower extremity was markedly decreased in the left lower extremity. Great toe flexion and extension was completely absent on the left. She had hyperesthesias over the lateral aspect of the left foot from the left fifth toe up to just superior to the lateral malleolus. There was apparent footdrop on the left foot and she had an externally rotated foot with ambulation. The treatment plan included medications, follow-up re-evaluation of bilateral foot pain, psychiatry evaluation, trigger point injections and a follow-up visit. On October 23, 2013, utilization review denied a request for physical therapy two times a week for six weeks for the lower back area. A request for evaluation with a podiatrist regarding bilateral foot pain was modified to follow-up appointment only with [REDACTED] with regards to bilateral foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a week for 6 weeks, for the lower back area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines (lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient's date of injury was 2/13/2009 and she is being treated for chronic neck and low back pain. The request is for additional physical therapy sessions (2 x 6) to the low back. The patient has completed 33 physical therapy sessions from December 2012-September 2013, which exceeds post-operative guidelines recommendations. In addition, there is no clear indication of a home exercise program. Therefore, based on the above findings, additional physical therapy to the low back is not medically necessary or appropriate at this time.

Evaluation with a podiatrist regarding bilateral foot pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: In this case, the patient complains of bilateral foot pain with left foot drop. She has seen a podiatrist in the past. The request is for an evaluation with a podiatrist, however the patient is already under podiatric care. There is a lack of documentation regarding the rationale for an additional evaluation. A follow-up podiatric appointment may be appropriate, however this is not the request. Therefore, the request is not medically necessary or appropriate.