

Case Number:	CM13-0062494		
Date Assigned:	01/24/2014	Date of Injury:	07/18/2010
Decision Date:	03/20/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 42 year old female who sustained a work related injury to her lower back on July 18, 2010 when she slipped and fell. The injured worker was diagnosed with lumbar stenosis and left L4-L5 and left L5-S1 disc herniation. The injured worker underwent a decompression at L4-L5, bilateral exploration and decompression of the Left% nerve roots with foraminotomy and partial facetectomy, and excision of left L4-L5 and left L5-S1 disc herniation on October 31, 2012. According to the primary treating physician's progress report on July 11, 2013, the patient continues to experience low back pain radiating to the left hip. The injured worker is currently diagnosed with sacroiliitis, post-laminectomy syndrome and chronic pain syndrome. Current medications consist of Lunesta, Flector patch, Lyrica, Naprosyn, Nucynta, Flexeril and Zanaflex. There was no discussion of current treatment modalities being utilized. The treating physician requested authorization for Physical Therapy, 2 times a week for 4-6 weeks to the left Sacroiliac Joint. On November 7, 2013 the Utilization Review denied certification for Physical Therapy, 2 times a week for 4-6 weeks to the left Sacroiliac Joint. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

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 4-6 WEEKS FOR THE LEFT SI JOINT: Overturned

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

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 and Hip and pelvis, Physical therapy and Panel Qualified Medical Examination of 6/10/13 by Dr. Moelleken.

Decision rationale: Per the ODG guidelines physical therapy for sciatica would be covered for 10-12 visits over 8 weeks. There is no evidence in the chart that the previous physical therapy addressed the sciatica which is present on exam and being treated suboptimally by medication. Therefore, the request is medically necessary.