

Case Number:	CM14-0174001		
Date Assigned:	11/17/2014	Date of Injury:	08/07/2008
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 Emergency Medicine, 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:

Patient with reported date of injury on 8/7/2008. Mechanism of injury is described as twisting back while falling out of chair. Patient has a diagnosis of post-laminectomy syndrome of lumbar region, lumbosacral neuritis, chronic back pain, radicular pain, hypogonadism and anxiety/depression. Patient has had multiple back surgeries including discectomy in 1987 and spinal fusions in 1988 and 1990. Medical reports reviewed. Last report available until 10/7/14. Patient reports feeling tired, seeing endocrine about low testosterone. Complains of leg jerking. Pain of low back is stable at 3-4/10. Objective exam reveals normal grooming. Pain on palpation and range of motion of lumbar spine. No other back exam was documented. There is no appropriate documentation of objective exam in progress note dated 8/7/14, 9/8/14 and 10/7/14. There is no neurological exam, exams for radicular symptoms. There is no note providing rationale or justification for physical therapy on someone with chronic back pain. No imaging or electrodiagnostic reports were provided for review. No prior physical therapy or other treatment modalities was noted in progress notes. No medication list was provided. Progress notes medication requests for Hydrocodone, Lyrica, Cymbalta, Trazodone and Ibuprofen. Independent Medical Review is for Physical Therapy 2 per week for 8 weeks (16 total). Prior UR on 10/13/14 recommended modification to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment 2 times a week for 8 weeks, Quantity: 16 sessions: 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 Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. However, patient has chronic pains with no documented plan or rationale for why physical therapy was suddenly needed. There is in fact plans for injections and spinal cord stimulator. Pain appears to be mild to moderate on current medication regiment. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The requested Physical Therapy sessions are not medically necessary.