

Case Number:	CM14-0193465		
Date Assigned:	12/01/2014	Date of Injury:	01/20/2011
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 58-year-old female with a date of injury of January 20, 2011. She complains of severe depression and back pain radiating to the right leg. She has a history of severe lumbar spinal stenosis and lumbar radiculopathy. She has been managed with numerous psychotropic medications, anti-epileptic drugs, and opiates. She was hospitalized September 9, 2014 for 10 days for exacerbation of her lumbar sacral strain. She voices suicidal ideation. The exam reveals her to be very depressed. There is spasm in the paraspinal musculature of the lower lumbar spine. Straight leg raise testing is positive at 30 with increased ankle dorsi flexion bilaterally. She's being considered for a multifaceted pain program. At issue is a request for physical therapy twice weekly for 4 weeks with the diagnosis of displacement of intervertebral disc of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Physical Therapy (2 times a week for 4 weeks): Overturned

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

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, Physical therapy

Decision rationale: For intervertebral disc disorders without myelopathy, the Official Disability Guidelines allow for 10 physical therapy visits over 8 weeks. In this instance, there is no evidence that the injured worker has received any physical therapy for some time. She had a recent flare of pain related to her diagnosis which required hospitalization. Therefore, 8 sessions of physical therapy related to her diagnosis of lumbar intervertebral disc disorder without myelopathy is medically necessary.