MAXIMUS Federal Services

Case Number:	CM14-0194874		
Date Assigned:	12/02/2014	Date of Injury:	10/07/2011
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 52-year old female with date of injury 10/7/11. The treating physician report dated 8/27/14 (18) indicates that the patient presents with pain affecting her low back with radicular pain on the left leg. The patient reported that therapy is giving her a "little bit of relieve." The physical examination findings reveal tenderness to palpation about the level of L3 to bilateral sacroiliac joints more pronounced on the left side. Faberge testing produced significant sacroiliac joint pain, more so on left. Prior treatment history includes an L5-S1 posterior inter-body fusion in 11/13. MRI of the lumbar spine without contrast findings dated 4/28/14 reveals postsurgical changes noted with posterior fixation of L4 and L5 with transpedicular screws. At L5-S1, there is a posterior annular tear with a 2-m midline disc protrusion resulting in mild effacement of the anterior thecal sac with no neural abutment. EMG study of the lower extremities reveal abnormal electromyography suggestive of bilateral chronic active L5 radiculopathy, left side is greater than the right side. The current diagnoses are: - Status post L5-S1 posterior inter-body fusion- Residual mechanical low back pain- Bilateral sacroiliac joint dysfunction.The utilization review report dated 10/24/14 denied the request for physical therapy 2 xs week x 3 weeks lumbar spine based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xs week x 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy (PT)

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

Decision rationale: The patient presents with pain affecting her low back with radicular pain on the left leg. The current request is for physical therapy 2 xs a week for 3 weeks for the lumbar spine. The treating physician report dated 8/27/14 indicates that the patient reported that therapy is giving her a "little bit of relief." The provider does not provide any subjective or objective documentation of functional benefit from prior physical therapy or document the number of physical therapy visits to date. Therefore the request for physical therapy is not medically necessary.