

Case Number:	CM14-0207175		
Date Assigned:	12/19/2014	Date of Injury:	03/19/2002
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 47 year old female with an injury date of 03/19/02. Based on the 09/09/14 progress report, the patient complains of low back pain which radiates to her legs. "Pain medications help her by approximately 50% and without pain medication, the level of pain is 9/10... with pain medication she reports a pain level of 4/10. The 09/22/14 report indicates that the patient has right knee pain. She has a knee joint effusion with positive squeak test, anterior drawer test shows minimal laxity of the anterior cruciate ligament, Lachman's test is benign, and McMurray's test causes clicking without pain. The 11/19/14 report states that the patient continues to have low back pain which radiates to both legs and right knee pain. With medications, her pain is a 4-5/10 and without medications, her pain is a 9-10/10. She has a positive straight leg raise on the right and left at 40 degrees. There is decreased sensation to pinprick and light touch in bilateral L5 dermatomal distribution, the patient ambulates with a limp, and there is tenderness to palpation over the lumbar paraspinal muscle. The patient's diagnoses include the following: 1. Bilateral plantar fasciitis 2. Bilateral foot pain 3. Bilateral calcaneal spur 4. Low back pain 5. Lumbar degenerative disc disease 6. Lumbar radiculopathy 7. Failed back surgery syndrome - lumbar 8. Myofascial pain syndrome 9. insomnia. The utilization review determination being challenged is dated 12/04/14. Treatment reports are provided from 06/23/14- 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The patient presents with low back pain which radiates to her legs and right knee pain. The request is for PHYSICAL THERAPY X 6 VISITS LUMBAR SPINE. "She has exacerbation of low back pain... She currently walks and does cardiovascular exercises." She has a positive straight leg raise, there is decreased sensation to pinprick and light touch in bilateral L5 dermatomal distribution, the patient ambulates with a limp, and there is tenderness to palpation over the lumbar paraspinal muscle. MTUS page 98 through 99 have the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review denial letter states that "the clinical documentation does indicate that the patient has previously participated in physical therapy." It appears that the patient has had prior physical therapy sessions; however, there is no indication of how many sessions the patient had, when the patient had these sessions, or how it impacted her pain and function. In addition, there is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Therefore, the requested physical therapy IS NOT medically necessary.