

Case Number:	CM14-0208205		
Date Assigned:	12/19/2014	Date of Injury:	04/20/2000
Decision Date:	07/15/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female with an industrial injury dated 04/20/2000. The injured worker's diagnoses include cervical radiculopathy, sacroiliac instability, complex regional pain syndrome type 2 of lower extremity, lumbar degenerative disc disease, lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy and rotator cuff. Treatment consisted of prescribed medications, physical therapy, spinal cord stimulator and periodic follow up visits. The past surgery history if significant for neck fusion, shoulder, knee and hand surgeries. In a progress note dated 11/03/2014, the injured worker reported back, hip and leg pain. Objective findings revealed pain with palpitation of the lumbar facet on both sides at L3-S1 region and pain over the lumbar intervertebral spaces on palpitation. The treating physician prescribed services for 12 physical therapy sessions for the lumbar spine now under review. The X-Rays of the hips was noted to be normal. The medications listed are Neurontin, tizanidine, trazodone and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of low back pain. The utilization of PT can lead to reduction of pain, decrease in medications utilization and functional restoration. The guidelines recommend that patients progress to a home exercise therapy after completion of supervised PT. The records indicate that the patient had completed supervised exercise programs. The last series of PT was completed at end of 2014. There is no documentation of recent injury or exacerbation of back condition. The criteria for physical therapy (PT) X 12 sessions of the lumbar spine was not met. Therefore, the request is not medically necessary.