

Case Number:	CM14-0217862		
Date Assigned:	01/07/2015	Date of Injury:	05/24/2000
Decision Date:	04/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 05/24/2000. The mechanism of injury was a slip and fall. The prior therapies included physical therapy and a TENS unit. The documentation of 07/16/2014 revealed the injured worker responded well to a local injection. The injured worker was noted to have a piriformis and sciatic nerve injection as well as a lumbar paravertebral muscle injection. The injured worker had minimal symptoms of radiating leg pain, and her back felt fairly loose for a month. The injured worker asked that the injection be repeated. Physical examination revealed moderate palpatory tenderness of the left gluteal region and left side of the low back with restricted lumbar flexion. The motor examination revealed weakness in the left L4-5 myotome, ankle dorsiflexion, posterior tibia, and hip abductors and "glute max." There was local palpatory tenderness of the lower lumbar paraspinals and "glute max." The diagnoses included lumbar degenerative disc disease and degenerative joint disease. The request was made for trigger point injections and piriformis muscle injection as well as tape. There was no Request for Authorization for the requested physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four visits of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Chapter.

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

Decision rationale: The California Medical Treatment Utilization Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker previously had undergone physical medicine treatment. There was a lack of physician documentation including a physical examination and Request for Authorization submitted for the requested physical therapy visits. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for 4 visits of physical therapy is not medically necessary.