

Case Number:	CM15-0002783		
Date Assigned:	01/13/2015	Date of Injury:	03/31/2005
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania, Ohio, 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 female patient with an injury date of 03/31/2005. A pain management follow up visit dated 10/16/2014 reported subjective complaints of chronic lower back pain with radicular pain to left leg and toes. Prior treatments include the following; caudal epidural steroid injection 08/27/2014, 11/06/2013; 07/22/2013 a left lumbar epidural steroid injection, 01/07/2013 left transforaminal epidural steroid injection at L4-5-S-1, 09/05/2012 left radiofrequency at L3 and L4, 01/04/2012 radiofrequency at L3 and L4 and spinal cord stimulator trial August 2010. She is currently prescribed Morphine Sulfate, Norco, and Cymbalta. Past surgical history showed; 2008 L5-S-1 lumbar fusion, 2009 hardware removal, 2010 spinal cord stimulator placed and 06/2011 the stimulator noted repositioned. Physical examination found lower extremities diminished range of motion in the left calf and positive for left foot drop; brace in place. Spine evaluation showed positive on the left for lower back pain, radicular pain and facet diffusely tender bilaterally; more tender on the left especially noted at L4-L5 lower lumbar facets. Facet loading test noted positive on the left side. She is diagnosed with chronic pain syndrome, lumbosacral spondylitis without Myelopathy, cauda equina syndrome with neurogenic bladder, post laminectomy syndrome lumbar region, neurogenic bowel, depressive disorder, thoracic or lumbosacral neuritis or radiculitis unspecified, obesity and dietary counseling. On 12/23/2014 Utilization Review non-certified a request for physical therapy 4 sessions treating the left sacroiliac, noting the CA MTUS Physical Therapy and ODG Low Back were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Physical Therapy to left sacroiliac: 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) Low Back; Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatme.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends transition to an independent, active home rehabilitation program. A treating physician note of 12/11/2014 requests four additional physical therapy sessions with the goal of aggressive physical therapy for left sacroiliitis. However, this patient was previously felt to be permanent and stationary and previously has been authorized for at least 22 physical therapy visits. The patient would be anticipated to have previously transitioned to independent, active home rehabilitation. The records do not provide a rationale instead for additional supervised therapy since the proposed supervised therapy would be anticipated to be part of the patient's existing home rehabilitation program. Therefore, this request is not medically necessary.