MAXIMUS Federal Services

Case Number:	CM15-0003542		
Date Assigned:	01/14/2015	Date of Injury:	12/21/1998
Decision Date:	03/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained a work related injury on 12/21/1998. As of a progress note dated 11/20/2014, diagnoses included thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis unspecified, COAT, facet arthropathy chronic, chronic pain due to trauma, muscle spasms chronic, derangement of meniscus not elsewhere classified, degenerative disc disease lumbar chronic, coccydynia and sacroiliitis. Physical therapy x 4 was ordered to evaluate and treat Coccydynia and sacrococcygeal ligamentous. According to the provider, the injured worker was using techniques from the functional restoration program without improvement of her symptoms. On 12/08/2014, Utilization Review non-certified physical therapy 4 sessions (lumbar spine) due to the absence of quantitative objective findings regarding functional deficits and information detailing her previous physical therapy sessions. Guidelines cited for this review included California Medical Treatment Utilization Schedule Chronic Pain, Physical Medicine, pages 98-99. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of physical therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic low back pain with coccygeal pain. She has had PT previously. There is no documentation of new injury. She has had previous therapy and further therapy is not needed to have a HEP set up.