

Case Number:	CM15-0006797		
Date Assigned:	01/22/2015	Date of Injury:	06/16/1997
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 52 year old female with a date of injury as 06/16/1997. The current diagnoses include lumbar facet syndrome, failed back surgery syndrome, and foot pain. Previous treatments include medications, steroid injection, and radio-frequency ablation. Report dated 11/24/2014 noted that the injured worker presented with complaints that included back pain located on both sides. Pain level was rated as 7 out of 10. Physical examination revealed joint pain, stiffness, muscle cramps, and weakness, palpable tenderness over the lumbar facet joints and sacroiliac joint. The physician noted that the injured worker has had improvement in her radicular symptoms and is no longer having distal lower extremity symptoms, but is still having left-sided back and buttock pain. The utilization review performed on 12/24/2014 non-certified a prescription for physical therapy x 12 for the lumbar based limited objective or functional deficit noted on physical examination. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of PT for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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

Decision rationale: The patient was injured on 06/16/97 and presents with back pain which she rates as a 7/10. The request is for TWELVE SESSIONS OF PT FOR THE LUMBAR SPINE. There is a RFA provided from 12/01/14 and the patient's work status is not known. There is no indication of the patient having any recent physical therapy. The report with the request is not provided. MTUS page 98 and 99 has 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. Review of the reports provided does not mention any recent surgery the patient may have had. There is no discussion as to why the patient is unable to do a home exercise program. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested physical therapy IS NOT medically necessary.