

Case Number:	CM15-0165102		
Date Assigned:	09/02/2015	Date of Injury:	02/24/2007
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial injury on 2-24-07. She reported pain in her lower back and bilateral hips. The injured worker was diagnosed as having bilateral lumbar radiculopathy, bilateral sacroilitis, lumbar facet arthropathy and bilateral greater trochanteric bursitis. Treatment to date has included a bilateral trochanteric bursa injection on 11-15-114 with 30% improvement for 3 days, a bilateral L4-L5 and L5-S1 medial branch block with no relief, a bilateral sacroiliac joint injection and an L5-S1 disc replacement on 1-13-09, Naproxen, Docuprene, Ketoprofen cream and Norco. On 4-28-15 the injured worker reported 8 out of 10 pain in her lower back and hips. The treating physician noted lumbar flexion was 50 degrees, extension was 10 degrees and there was a positive Faber test on the right. The treating physician recommended physical therapy x 24 sessions for the lower back and hips. As of the PR2 dated 6-23-15, the injured worker reports aching and tingling pain in the bilateral hips and stabbing and aching pain in the lower back. She rates her pain a 10 out of 10 without medications and a 6 out of 10 with medications. Objective findings include a positive Faber test on the right, decreased lumbar flexion and extension and tenderness to palpation in the bilateral greater trochanteric bursa. The treating physician requested physical therapy 2 x weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter and Hip & Pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury in February 2007 and is being treated for low back pain and bilateral hip pain with numbness and tingling. An L5-S1 disc replacement was done in January 2009. Greater trochanteric bursa injections in November 2014 provided 30% pain relief lasting for only 3 days. When seen, urine drug screening results that had been positive for cocaine were reviewed. Physical examination findings included decreased lumbar range of motion. There was greater trochanteric bursa tenderness and positive Fabere tests with positive Fortin sign. Physical therapy is being requested. Injections were recommended. Case notes reference completion of 22 prior physical therapy treatment sessions. In this case, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.