

Case Number:	CM15-0208744		
Date Assigned:	10/27/2015	Date of Injury:	08/21/2012
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This 55 year old woman sustained an industrial injury on 8-21-2012. Treatment has included oral medications and surgical intervention. Physician notes dated 9-10-2015 show complaints of worsening back pain rated 8 out of 10 and bilateral lower extremity pain rated 7 out of 10 with numbness. The physical examination shows an antalgic gait and pain with any motion of the back. Recommendations include lumbar spine MRI, pain management consultation and treatment, physical therapy, Mobic, and follow up after the MRI is completed. Utilization Review denied a request for gynecology consultation, pelvic floor rehabilitation, and urodynamic studies on 10-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvic floor rehabilitation 6-8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 sustained a work injury in August 2012 when she was struck on the head and had loss of consciousness. She had urinary complaints beginning within one week of injury. She underwent an urgent microdiscectomy in September 2012 and repair of a cystocele in September 2013 but has ongoing urinary dysfunction. In August 2015 she had a complaint of urinary incontinence. Physical examination findings included a limited examination showing vaginal wall tenderness with a hard and tender left vaginal wall lump. There was poor pelvic floor strength. There was decreased peri-genital sensation. Lab and urological studies were reviewed. Vesicare was prescribed and a gynecological evaluation was requested. Authorization for up to 8 therapy sessions for pelvic floor rehabilitation is being requested. The claimant's condition is chronic with no new injury. In terms of physical therapy, 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 determine whether continuation of physical therapy was needed or likely to be effective. Up to six visits would likely be appropriate to achieve the therapeutic content being requested. The request is not considered medically necessary.