MAXIMUS Federal Services

Case Number:	CM15-0044018		
Date Assigned:	03/13/2015	Date of Injury:	03/01/1999
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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 60 year old female patient, who sustained an industrial injury on 03/01/1999. A primary treating office visit dated 01/26/2015, reported the patient does not feel much improved since last visit. She reports her low back pain transiently responding to an epidural steroid injection given last month. She stated that the low back pain increases with standing, walking, bending and twisting and is associated with lower extremity numbness, tingling and weakness. Other issues remain including her bilateral knee complaint; greater on the right side; as well as, her neck and upper extremity symptoms for which she sees another physician and has a history of fractures involving bilateral upper extremities. In addition, she is with complaint of depression, anxiety, rectovagianal fistula and chronic headaches. Current prescribed medications include Gabapentin, Percocet 10mg, Amitiza, Zomig, Flexiril and Previcid. Physical examination found antalgic gait. The impression noted intractable lumbar pain; lumbar radiculopathy; history of total knee right; history of left knee arthroscopy; chronic intractable knee pain;greater on right; chronic diffuse myofascial pain; chronic cervical pain with radiculopathy; history of ulnar fracture; status post open reduction with internal fixation and history of open reduction with internal fixation of right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the 02/05/2015 hand written report, this patient presents with low back pain. The current request is for Physical therapy 2xWk x 6 Wks, Lumbar. Per 01/26/2015 report, the patient "had some improvement with the recent epidural steroid injection." The request for authorization is not included in the file for review. The patient's work status is"remain off-work until 12 weeks, will be permanently disabled." The Utilization Review denial letter states "The patient had a significant number of PT sessions received. However, her objective response to any prior therapy was not documented." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the lumbar spine. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.