

Case Number:	CM13-0004502		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2013
Decision Date:	03/26/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pain Medicine, Internal Medicine and Physical Therapy and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 woman with a date of work-related injury of 1/9/13. The injured worker was struck by a pallet and fell with resulting low back pain and hip pain. She was evaluated by a primary provider and prescribed oral analgesic medication and physical therapy sessions for the diagnosis of low back pain. On 2/27/13 an MRI showed degenerative disc disease on the lumbo-sacral spine with disc protrusion. An EMG with nerve conduction studies showed mild L4, L5 and S1 nerve root irritation posteriorly with a mild sensory neuropathy. A primary orthopedic physician on 5/21/13 evaluated the patient. At the time of exam the injured worker complained of constant pain in the low back with radiation to bilateral gluteal area. She noted difficulty with showering, dressing, standing, walking for prolonged time, lifting and sleeping. Exam showed tenderness to palpation of the lumbar spine with decreased range of motion without any neurological deficits. The provider ordered oral analgesic medication and physical therapy 2x for 4weeks. The diagnosis was lumbar degenerative disc disease, right hip arthritis, lumbar disc protrusions and lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of physical therapy for the lumbar and/or sacral vertebrae: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker has a diagnosis of lumbar degenerative disc disease of L4-5 and L5-S1. At the time of the additional 8 sessions of physical therapy (PT) she had already had 14 sessions for low back pain. According to the ACOEM section on back pain and physical therapeutic interventions, PT 1-2 visits for education, counseling and evaluation of a home exercise program for range of motion and strengthening. The patient has had 14 sessions of PT which is enough to set up a home exercise program. The records of PT sessions from 1/18/13, 1/31/13, 2/15/13 and 6/12/13 don't indicate an improvement in the range of motion of the lumbar spine. The patient has not shown a meaningful improvement with regards to function after the initial PT sessions. She was not able to return to work and her ADLs did not improve. The additional 8 sessions of PT are not medically necessary.