

Case Number:	CM14-0128243		
Date Assigned:	08/25/2014	Date of Injury:	07/27/2007
Decision Date:	09/19/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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:

This patient sustained an injury on 7/27/07 while employed by [REDACTED]. Request(s) under consideration include PT 3x3 Lumbar and/or Sacral (Vertebra NOC Trunk). Diagnoses included lumbar sprain and spine enthesopathy. The patient underwent recent lumbar epidural steroid injections at L4-S1 with 9 certified post-injection PT on 6/3/14. However, the patient began having worsening symptoms following the ESI with difficulty walking. Exam from the provider noted lumbar spine with reduced range of motion; trigger points, positive SLR; numbness; and antalgic gait. The request(s) for PT 3x3 Lumbar and/or Sacral (Vertebra NOC Trunk) was non-certified on 7/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x3 Lumbar and/or Sacral (Vertebra NOC Trunk): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM guidelines; LBP ACOEM guidelines, page 114 ODG Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and

myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks
Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks
Page(s): 98-99.

Decision rationale: This patient sustained an injury on 7/27/07 while employed by [REDACTED]. Request(s) under consideration include PT 3x3 Lumbar and/or Sacral (Vertebra NOC Trunk). Diagnoses included lumbar sprain and spine enthesopathy. The patient underwent recent lumbar epidural steroid injections at L4-S1 with 9 certified post-injection PT on 6/3/14. However, the patient began having worsening symptoms following the ESI with difficulty walking. Exam from the provider noted lumbar spine with reduced range of motion; trigger points, positive SLR; numbness; and antalgic gait. The request(s) for PT 3x3 Lumbar and/or Sacral (Vertebra NOC Trunk) was non-certified on 7/17/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The PT 3x3 Lumbar and/or Sacral (Vertebra NOC Trunk) is not medically necessary and appropriate.