

Case Number:	CM14-0165107		
Date Assigned:	10/10/2014	Date of Injury:	04/10/2012
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Practice 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:

59 yr. old female claimant sustained a work injury on 4/10/12 involving the low back. She was diagnosed with lumbar facet syndrome and underwent L4-L5 laminotomy and discectomy in 2012 with good resolution of symptoms. She had received sacroiliac joint injections and lumbar epidural injections in 2013 with little relief. A progress note on 8/27/14 indicated the claimant had residual back pain. She had been on Norco for pain. Exam findings were notable for +straight leg raise on the right side and painful restricted range of motion of the lumbar spine. The claimant had received prior therapy and the physician requested an additional 12 sessions of therapy to strengthen the muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksIn this case, the claimant underwent an unknown amount of prior therapy. The guidelines recommended up to 10 visits for radicular symptoms. Further therapy can be performed at home. The request for 12 sessions exceeds the amount above excluding the prior therapy visits. The request for 12 sessions of physical therapy is not medically necessary.