

Case Number:	CM14-0179099		
Date Assigned:	11/03/2014	Date of Injury:	10/22/2013
Decision Date:	12/09/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional Spine 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:

The injured worker is a 51 year old female with date of injury 10/22/13. The treating physician's initial report dated 9/17/14 indicates that the injured worker presents with pain affecting the lower back that is constant and moderate with radiating pain into the right leg. The physical examination findings reveal decreased lumbar ROM, lumbar tenderness, normal right knee range of motion (ROM) and positive McMurray's test. Prior treatment history reveals 12 chiropractic and 6 physical therapy sessions, medications and bilateral S/I joint injections. Lumbar MRI notes 2mm bulges at L4/5 and L5/S1. The current diagnoses are: 1.Lumbar sprain/strain2.SciaticaThe utilization review report dated 10/8/14 denied the request for physical therapy for the lumbar region because the injured worker had previously received 6 physical therapy sessions and there was no documented response to care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker presents with chronic lower back pain and right leg pain. The current request is for Physical therapy for the lumbar region. The secondary treating physician report dated 8/21/14 states that the injured worker "received bilateral sacroiliac joint injection on 7/31/14 with good relief despite pain levels being an 8/10 on 8/21/14." The treating physician states that to "capitalize on the benefit of her first injection a request for chiropractic therapy 2x3 is made." The 9/17/14 treating physician report states, "Chiropractic manipulative therapy/modalities/rehab 1-2x6 wks. 12 office visits on a trial basis." There is no further discussion of a request for physical therapy made from either the primary treating physician or the secondary treating physician. The current request is for an undetermined number of physical therapy sessions of the lumbar spine. The MTUS guidelines support 8-10 sessions of physical therapy for myalgia and neuritis type symptoms. In this case the injured worker has previously had 6 physical therapy sessions and there is no documented response to those sessions. The 8/21/14 physician report says, "Home exercise program." The current request is not a valid prescription as there is no frequency or duration noted. For the reasons listed above the current request is not supported by MTUS. The request for Physical Therapy for the Lumbar Region is not medically necessary.