

Case Number:	CM13-0061401		
Date Assigned:	06/09/2014	Date of Injury:	05/14/1996
Decision Date:	09/09/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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, Hawaii

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 (IW) is a 70 year old female who sustained an industrial injury on 05/14/1996. The initial report of injury and diagnoses are not found in the medical records reviewed. The injured worker was diagnosed as having: Lumbar facet arthropathy; Lumbar radiculopathy; Bilateral knee pain; Occipital neuralgia(left); Osteoarthritis- Headaches; Anxiety; Medication related dyspepsia; Chronic pain; Status post bilateral knee surgery. Treatment to date has included transforaminal epidural steroid injection right L4-5 (08/05/2014) that gave no improvement, pain medication which has an onset of relief in 30 minutes and lasts about 2 hours, physical therapy which she reports 60% improvement from, and pain management. Currently, the injured worker complains of low back pain radiating down the right lower extremity, also into the buttocks and right thigh and is frequently accompanied by tingling to the level of the foot. She also complains of frequent and severe muscle spasms in the low back. The pain is aggravated by activity, standing, and walking. She also has ongoing moderate frontal headaches. Since her last visit, her pain is unchanged. She rates it on the average at 7 on a scale of 10 with medications, a 9 on the scale of 10 without medications. She has chronic gastritis related disease and medication associated gastrointestinal upset. On exam, there was occipital tenderness upon palpation on the left side of the neck. In the lumbar spine, there is no gross abnormality. There is spasm noted at L4-S1 in the paraspinal musculature with tenderness on palpation. Lumbar spine range of motion is moderately limited secondary to pain. Pain increases with range of motion activities. Sensory exam shows decreased sensitivity to touch along the L4-5 dermatome in the right lower

extremity. A request for authorization was made for the following: 8 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the lumbar spine which radiates into the right extremity. The current request is for 8 physical therapy sessions for the lumbar spine. The report with this request was not provided for review. The treating physician states in the report dated 6/10/15, "Home exercise program. An on-going education program for home exercise has been initiated with this patient."(10B) The reviewing physician documents that the patient has received physical therapy in the past for this injury. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy. The current request is not medically necessary.