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| Case Number: | CM14-0169077 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 06/04/2014 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 28 year old female who sustained an industrial injury on 06/04/14 when she developed pain in her low back after assisting a patient during a therapy session. Prior treatment included six sessions of acupuncture, twelve chiropractic sessions and medications. Her symptoms were pain in lower back and sacrum. An MRI of the lumbar spine on 09/22/14 showed L1-2 disc desiccation, annular disc bulging eccentric toward the left side, T12-L1 left paracentral disc extrusion measuring 5mmg anterior to posterior and T11-T12 left paracentral disc extrusion measuring 3mm. The visit note from 09/18/14 was reviewed. She had pain, stiffness and difficulty with prolonged sitting or standing. Her diagnosis was lumbar sprain/strain. Medications included Ultracet, Anaprox and Lidocaine patch. The note from 08/28/14 showed back pain with right lower extremity pain. She had positive seated straight leg raising test. The request was for physical therapy.

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 Spine, 6 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy

Decision rationale: The employee was a 28 year old female who sustained an industrial injury on 06/04/14 when she developed pain in her low back after assisting a patient during a therapy session. Prior treatment included six sessions of acupuncture, twelve chiropractic sessions and medications. Her symptoms were pain in lower back and sacrum. An MRI of the lumbar spine on 09/22/14 showed L1-2 disc desiccation, annular disc bulging eccentric toward the left side, T12-L1 left paracentral disc extrusion measuring 5mm anterior to posterior and T11-T12 left paracentral disc extrusion measuring 3mm. The visit note from 09/18/14 was reviewed. She had pain, stiffness and difficulty with prolonged sitting or standing. Her diagnosis was lumbar sprain/strain. Medications included Ultracet, Anaprox and Lidocaine patch. The note from 08/28/14 showed back pain with right lower extremity pain. She had positive seated straight leg raising test. The request was for physical therapy. According to the Official disability guidelines, for lumbar sprains and strains as well as intervertebral disc disorders without myelopathy, a total of 10 visits over 8 weeks are recommended. The denial appeal letter states that she was still in pain, and never had physical therapy. With this additional information, the request for Physical Therapy is medically necessary and appropriate.