

Case Number:	CM15-0117490		
Date Assigned:	06/26/2015	Date of Injury:	07/13/1999
Decision Date:	07/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 7/13/99. The injured worker has complaints of back pain. Examination revealed grossly intact cranial nerves, no focal neurologic signs and antalgic gait. The diagnoses have included failed back surgery syndrome lumbar spine status post fusion. Treatment to date has included transcutaneous electrical nerve stimulation unit; physical therapy; methadone; norco; gabapentin; cymbalta and voltaren gel and lumbar fusion. Several documents within the submitted medical records are difficult to decipher. The request was for physical therapy, twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twelve sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114, and the Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 299, 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 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant's spinal surgery was not recent and over 6 months ago. The claimant had undergone an unknown amount of prior therapy and the therapy noted were not provided. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional 12 therapy sessions are not medically necessary.