

Case Number:	CM15-0179896		
Date Assigned:	09/21/2015	Date of Injury:	07/16/1999
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 07-16-1999. Medical records indicated that the injured worker is undergoing treatment for adjacent segment degenerative disease, L5-S1 radiculitis, and chronic pain syndrome. Treatment and diagnostics to date has included spinal cord stimulator and use of medications. Current medications include Percocet. In a progress note dated 07-08-2015, the injured worker reported back pain and right knee pain. Objective findings included tenderness around her right knee, painful antalgic gait to the right, and tenderness at L5-S1. The treating physician stated that "previous x-rays demonstrated evidence of a lumbar fusion at L3-4 and L4-5. She has intervertebral settling at L5-S1". No request for authorization or work status noted in received medical records. The Utilization Review with a decision date of 09-04-2015 non-certified the request for 12 physical therapy for the lower back, 2-3 times a week for 4 weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy For The Lower Back, 2-3 Times A Week For 4 Weeks, As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1999 and continues to be treated for low back pain and right knee pain. She has a history of two arthroscopic knee surgeries, lumbar spine surgery with a multilevel fusion, and placement of a spinal cord stimulator. When seen, she was having severe back pain with lower extremity radiating symptoms. Physical examination findings included right knee tenderness with an antalgic gait. There was lower lumbar spine tenderness. Authorization for 12 sessions of physical therapy is being requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.