

Case Number:	CM15-0026588		
Date Assigned:	02/18/2015	Date of Injury:	10/04/1996
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 is a 57 year old female, who sustained an industrial injury on 10/4/96. The injured worker has complaints of low back pain with radicular symptoms into her lower extremities with difficulties sleeping. The diagnoses have included chronic low back pain and chronic bilateral knee pain with history of left knee surgery back in 1998. X-rays of the left knee 2/14/14 showed moderate degenerative joint disease with 4mm at medial joint space, and the patello femoral joint space was at 5mm. Magnetic Resonance Imaging (MRI) of the lumbar spine 5/5/14 showed a disk desiccation at all lumbar level particularly at L3-S1; there was a large extruded disk on the right at L3-L4; it has gone all the way down to the mid part of the L4 vertebral body and lodged over the right side; small posterior disk noted at L5-S1 was more over the right side. The documentation noted that botox injections were denied secondary to she has kidney failure. Work status was on documented as not able to work. According to the utilization review performed on 1/9/15, the requested 8 Outpatient Physical Therapy visits to the low back has been non-certified. Chronic Pain Medical Treatment Guidelines; CA MTUS, passive physical therapy was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Outpatient Physical Therapy visits to the low back: Overturned

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

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

Decision rationale: The patient presents with low back pain. The current request is for 8 Outpatient Physical Therapy visits to the low back. The treating physician states: Please authorize 8 sessions of physical therapy to accompany the injections to help reeducate the muscles as part of Functional Restoration Program. The MTUS guidelines allow 8-10 physical therapy sessions for myalgia and neuritis type conditions. In this case, there is no documentation of any recent physical therapy for this chronic injury dated 10/4/96. The current request for 8 sessions of physical therapy is medically necessary to help the patient with recent flaring of lumbar pain and decreased functional ability to perform ADLs. The recommendation is for authorization.