

Case Number:	CM13-0007033		
Date Assigned:	12/04/2013	Date of Injury:	09/26/2003
Decision Date:	01/13/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is a 59 YO, M with a date of industrial injury of 09/26/2003. The doctor's report shows diagnosis of sciatica, neuralgia or neuritis of sciatic nerve (left) and displacement of lumbar intervertebral. It is also noted patient is post-laminectomy 2009. MRI of lumbar dated 05/08/2013 showed patient is status post L2-S1 fusion and findings of possible discitis with vertebral body osteomyelitis. X-ray of lumbar dated 05/13/2013 showed post-surgical changes degenerative disc disease and osteopenic-appearing bones. Progress report dated 11/24/2013 notes spinous process tenderness on palpation of lumbar spine. There is decreased range of motion and negative SLR. No weakness of extensor hallucis longus. Progress dated 10/04/2013, indicates patient continues to have pain in his lumbar spine with left-sided buttock pain with radiation down his posterior thigh. The doctor also notes that patient has been participating in physical therapy 2-3 times per week with no improvement in his pain and patient actually feels that his pain is worse at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine X 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient has diagnosis of sciatica, neuralgia or neuritis of sciatic nerve (left) and displacement of lumbar intervertebral. It is also noted patient is post-laminectomy 2009. The medical records indicate that the patient has already received some physical therapy session with no improvement. The specific number and duration is not provided. The 8/23/13 progress report indicates that the patient did not receive any relief or marked improvement from the PT sessions rendered on 08/07, 08/09, 08/13, 08/21. This request for additional and on-going therapy is not supported by MTUS, which recommends 8-10 visits for neuralgia/myalgia/myositis. The treating physician has requested 24 sessions which exceeds the guidelines recommendation for the current diagnosis. The patient's surgery dates back to 2009 and therefore, post-surgical guidelines do not apply. Recommendation is for denial.