

Case Number:	CM13-0056941		
Date Assigned:	12/30/2013	Date of Injury:	07/05/1995
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 case involves a 53 year-old male with a 7/5/1995 industrial injury claim. He has been diagnosed with lumbar degenerative disc disease. According to the 10/22/13 pain management report from [REDACTED], the patient present presents with low back pain and radiation. Pain is 1-2/10, but can get up to 3-4/10. He has a long history of back pain dated back to 1993. He has back pain with pain in both hips and occasionally down both legs. He had a course of PT at [REDACTED] without any improvement. He had 3 caudal ESIs without improvement. Then on 1/15/1996 he had bilateral lumbar laminectomy at L4/5 and L5/S1, followed by PT, this time PT helped. In 1998 he again started to have back pain. The last ESI were bilateral at L4/5 and L5/S1 transforaminal approach on 7/26/13, and pain went from 7-8/10 to 4-5/10. He had neurosurgery consult and was not recommended for surgery. [REDACTED] recommends a physical therapy visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFERRAL FOR PHYSICAL THERAPY SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with 1-2/10 low back pain, with a long history of back complaints dating back to 1993. Initial PT was not helpful, but he was reported to have benefit from the post-surgical PT in 1996. The 10/22/13 report from [REDACTED] recommends physical therapy, but did not specify a duration or frequency, and the carrier read this as a request for a single PT session, UR reviewed the request and modified it to allow 6 sessions of PT. For this IMR, I have been asked to review for a single PT session. This seems like a moot point, since UR had already approved the visit, with 5 additional visits. Anyway, MTUS guidelines recommend up to 8-10 sessions of PT for various myalgia or neuralgias. The request for a single PT sessions appears to be in accordance with MTUS guidelines.