

Case Number:	CM14-0016156		
Date Assigned:	03/05/2014	Date of Injury:	11/07/2012
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/09/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 52 year old with an injury date on 11/7/12. Based on the 12/30/13 progress report provided by [REDACTED], the patient's diagnosis include facet arthropathy; lumbar L4-L5 and lumbosacral spondylosis without myelopathy. On 7/29/13, the patient had a lumbar face injection to the L3, L4, L5 medial branch block bilaterally and fluoroscopy. On 12/30/13, the patient had a radiofrequency neurotomy to L3, L4, L5 medial branches and fluoroscopy. There are no previous PT sessions mentioned in any of the progress reports provided. [REDACTED] is requesting 12 sessions of physical therapy for the lumbar spine. The utilization review and determination being challenged is dated 1/15/14 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 5/30/13 to 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIME 12 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 96-99.

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

Decision rationale: The patient presents with facet arthropathy; lumbar L4-L5 and lumbosacral spondylosis without myelopathy. The request is for 12 sessions of physical therapy for the patient's lumbar spine. The request was denied by the utilization review letter dated 11/15/14. There is no mention of any previous physical therapy report. California MTUS page 98, 99 state that for myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. For reflex sympathetic dystrophy, 24 visits over 16 weeks is recommended. This patient presents with myalgia and neuritis type of symptoms due to spinal spondylosis. California MTUS only allow 9-10 sessions and the request is for 12 sessions. Recommendation is for denial.