

Case Number:	CM14-0112341		
Date Assigned:	08/01/2014	Date of Injury:	11/03/1990
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/18/2014

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 patient is a 56 year old male with an injury date on 11/03/1990. Based on the 07/03/2014 progress report provided by [REDACTED] the patient complains of back and left leg pain which has slowly worsened in the past few months. He has chronic and stable lateral mid and forefoot numbness. Pain usually worse with standing/walking although it can also occur at night. There is minimal lumbosacral tenderness. Straight leg raise is positive on left side, and negative on the right. Positive femoral stretch left side. There is no significant muscle weaken. The diagnoses include the following: Status post circumferential fusion, L4 to S1, adjacent level degeneration with spondylolisthesis, L3-4, with predominant left leg pain, dynamic instability, L3-4. [REDACTED] is requesting for physical therapy, quantity 6 sessions. The utilization review determination being challenged is dated 07/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/22/2013 to 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity six sessions.: Overturned

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

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

Decision rationale: According to the 07/03/2014 report by [REDACTED], this patient presents with back and left leg pain. The provider is requesting for physical therapy, quantity 6 sessions. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. Review of the reports show that the progress reports are nearly identical with no new information other than the statement, "experienced increasing left sided leg pain due to underlying L3/4 stenosis." There is no mention of therapy history. No therapy treatments were included in the file. However, given the patient's increased symptoms, with no apparent recent history of therapy, a short course of treatment would appear medically reasonable to address the patient's chronic condition. Therefore this request is medically necessary.