MAXIMUS Federal Services

Case Number:	CM14-0122295		
Date Assigned:	08/06/2014	Date of Injury:	10/14/2010
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 42 year old male with an injury date of 10/14/10. The 05/01/14 progress report states the patient presents for follow up of low back pain different from a previous back pain. The patient presents with an aching sensation in the mid part of the lower back that radiates into the buttock and lateral aspects of the left leg and knee. He also has numbness and tingling in the right foot that worsens with prolonged sitting. The patient has mild tenderness to palpation in the lower lumbar region. Walking gait is intact and within normal. He ambulates independently. Diagnosis: 1. Chronic intractable left leg pain, posterior buttock, thigh, and calf, most likely L4-5nerve root-related. 2. Lumbar spondylosis most notable and L4-L5 and LF-S13. Protracted left leg pain, most likely secondary to L4-L5 disc herniation. 4. Status post laminectomy/discectomy 5. Post-laminectomy syndrome, status post discectomy left L4-5. 6. Recent x-ray 07/17/12 remain anatomic 7. CT scan reveals equivocal fusion at L4-5 and L5-S1. 8. X-rays of 06/13/13 are anatomic with no evidence of screw loosening, cage, migration, cage subsidence. 9. X-rays of the lumbar spine dated 05/01/14 in flexion and extension views show stable anterior screw fixation and interbody grafts at L4-5 and L5-S1 with fusion and stable posterior pedicle screw and rods at L4-5 and L5-S1. No signs of hardware failure. Dr. [redacted] is requesting for 8 physical therapy sessions of the lumbar spine. There was no indication why the treater requested for physical therapy. The request was denied by a utilization review letter dated 07/15/14. The rationale is that MTUS guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. Treatment reports were provided from 03/30/14 to 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 sessions Lumbar of the spine: Upheld

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

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

Decision rationale: Rationale: 8 physical therapy sessions for the lumbar spine. The patient presents for follow up of lower back pain which the treater indicates is different from previous, usual back pain. Pain is aching and located in mid part with radiation into the buttock and lateral aspects of the left leg and knee with numbness and tingling in the right foot. He has mild tenderness to palpation in the lower lumbar region. The treater is requesting 8 physical therapy sessions for the Lumbar of the spine. MTUS guidelines pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. Review of the reports shows no information on prior physical therapy. In this case the treater does not explain why treatment is needed at this time. There are no discussions as to what is to be achieved and why home exercises are inadequate. Although the patient presents with different pain, chronic pain can fluctuate and does not always require formalized therapy. Recommendation is for denial.