

Case Number:	CM14-0128710		
Date Assigned:	09/22/2014	Date of Injury:	01/05/2003
Decision Date:	10/21/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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 67 year old female with an injury date of 01/05/03. Based on the 02/11/14 progress report provided by [REDACTED], the patient complains of low back pain rated 8-9/10 that radiates to her bilateral extremities. Her gait is severely antalgic and assisted by a single pointed cane. Physical examination of the lumbar spine reveals limited range of motion due to pain. Patient has been authorized for microlumbar decompression to the right L4-L5 (date unspecified). The request is for physical therapy which will begin at six week postoperative point. In AME report dated 06/03/14 treater states that patient is a poor candidate for any lumbar surgery, as she would be unable to rehabilitate from surgical procedure. Patient is morbidly obese and cannot stand for more than a minute. Per 06/25/14 progress report by [REDACTED], [REDACTED], there is no mention of surgery plans, nor physical therapy. Diagnosis 02/11/14- lumbar herniated nucleus pulposus- severe neural foraminal narrowing and narrowing of lateral recess, L4-L5 (MRI 08/14/13)- chronic low back pain- urinary incontinence, unknown etiology- right foot and ankle arthralgia- lumbar radiculopathy. [REDACTED] is requesting 8 x Physical Therapy visits. The utilization review determination being challenged is dated 08/12/14. The rationale is "patient does not have significant functional deficits." [REDACTED] is the requesting provider, and he provided treatment reports from 03/07/14 - 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 x Physical Therapy visits: Overturned

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

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

Decision rationale: The patient presents with chronic low back pain rated 8-9/10 that radiates to her bilateral extremities. The request is for 8 x Physical Therapy visits. Patient diagnosis dated 02/11/14 includes lumbar herniated nucleus pulposus and lumbar radiculopathy. Per physician's report dated 02/11/14, the request was for postoperative physical therapy following lumbar surgery, which had been authorized based on patient's symptoms. Per 06/25/14 progress report, there is no mention of surgery plans, so postoperative guidelines were not applied. 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." Review of reports do not show patient had previous physical therapy. Request of 8 visits is reasonable and within guideline criteria. This request is medically necessary.