

Case Number:	CM14-0034049		
Date Assigned:	06/20/2014	Date of Injury:	09/24/1997
Decision Date:	08/12/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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 49 years old male with an injury date on 09/24/1997. The listed diagnoses per [REDACTED] dated 02/26/2014 are: 1. Postlaminect Synd-lumbar. 2. Lumbosacral Neuritis NOS scarring. According to this report, the patient complains of low back pain and right sciatic pain. The patient states he has felt some decreased pain after attending 5/6 therapy sessions. There is tenderness to palpation over the right buttock, left buttock, and right lateral hip. Straight leg raise is positive on the right at 80 degrees. MRI on 09/10/2010 reveals evidence of scar tissue formation at the right L5-S1 level, which is completely encasing the S1 nerve root and L4-L5 mini disc bulge w/o NF stenosis. There were no other significant findings noted on this report. The utilization review denied the request on 03/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/15/2013 to 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional sessions of physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 Physical Medicine.

Decision rationale: According to the 02/26/2014 report by [REDACTED] this patient presents with low back pain and right sciatic pain. The current request is for 4 sessions of physical therapy. The UR denial letter states it appears that the worker completed a course of 6 PT sessions in February. It is not clear what more is needed in formal PT that would not be available in a home exercise program. The request for additional PT x4 is not medically necessary. Regarding neuralgia, neuritis, and radiculitis type condition, Chronic Pain Medical Treatment Guidelines page(s) 98, 99 recommend 8-10 visits over 4 weeks. Review of the available records shows that the patient has completed 6 sessions of therapy. Unfortunately, no therapy reports and no progress reports discussing the patient's current progress are provided. The patient's home exercise program is not known either. However, given that the patient had received 6 sessions of therapy, with the current request for 4 additional sessions appear reasonable and consistent with the guidelines. Therefore the request are medically necessary.