

Case Number:	CM14-0043980		
Date Assigned:	06/16/2014	Date of Injury:	03/25/2009
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 55 year old male with an injury date of 03/25/09. Based on the 01/29/14 progress report provided by [REDACTED], the patient complains of constant sharp pain in the lumbar spine. The pain radiates up to the left upper arm. He had a spinal stimulator implantation on 08/31/13. The patient's diagnoses include the following: 1. Chronic pain due to trauma 2. Postlaminectomy syndrome thoracic and lumbar region 3. Thoracic/lumbosacral neuritis/radiculitis [REDACTED] requests for 12 visits of physical therapy for the lumbar spine. The utilization review determination being challenged is dated 02/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/11/13-02/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE-12 VISITS: Upheld

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

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

Decision rationale: According to the 01/29/14 report by [REDACTED], the patient presents with constant sharp pain in the lumbar spine which radiates up to the left upper arm. The request is for 12 visits of physical therapy for the lumbar spine. He states that he has already had 12 physical therapy sessions after the spinal stimulator implantation with some benefit. 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. In this case, the treater has asked for 12 additional sessions of therapy for the patient's lumbar spine. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, the request of 12 sessions exceeds what is allowed per MTUS. Recommendation is for denial.