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| Case Number: | CM14-0075334 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/18/2002 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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:

This patient is a 66 year old male with an injury date on 05/18/02. Based on the 04/24/14 progress report provided by [REDACTED], this patient complains of "back pain, headache, neck pain and Neck pain: 6/10 now" and low back pain. Exam of this patient shows cervical spine range of motion with flexion and extension limited to degrees, left lateral bending and lateral rotation to the left limited to degrees, with tenderness noted at the paracervical muscles. Lumbar spine range of motion is restricted with flexion limited to degrees, right and left lateral bending limited to degrees, and lateral rotation to the left and right limited to degrees. "Upon palpation pt has SI joint tenderness bilaterally, Patrick's test positive." The diagnoses for this patient are: 1. Lumbago. 2. Cervicalgia. The utilization review being challenged is dated 05/05/14. The request is for "physical therapy 2x/week for 4 weeks, total of 8 visits for cervical spine, lumbar spine." [REDACTED] is the requesting provider and he provided progress reports from 11/08/13 to 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, active therapy rehab program 2 x week for 4 weeks: 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 - Physical Medicine Guidelines Page(s): 98, 99.

Decision rationale: This patient complains of frequent flare-ups of cervical and lumbar spine pain with radiation to the extremities. This patient has had bilateral L4 and L5 transforaminal epidural steroid injections under fluoroscopic guidance and bilateral L4 and L5 epidurograms by [REDACTED] on 01/08/14. According to the 01/22/14 progress report by [REDACTED], this patient reported "significant improvement to his low back, buttock, and leg pain," with "low back and leg pain have been reduced by more than 90% as a result of the injections." The treater, [REDACTED], requests physical therapy 2x/week for four weeks, total of eight visits for cervical spine and lumbar spine. MTUS guidelines, pages 98-99, recommend 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. Given the lack of any documentation of physical therapy, the requested therapy sessions appear reasonable and eight physical therapy visits meet the maximum number of 8-10 per MTUS guidelines. Recommendation is for authorization.