

Case Number:	CM14-0085377		
Date Assigned:	07/23/2014	Date of Injury:	03/22/2006
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 53 year old male with an injury date of 03/22/2006. Based on the 04/29/2014 progress report provided by [REDACTED], the patient complains of low back pain. His pain status post lumbar spine surgery was constant, moderate to severe, with residual pain of 4/10 to 5/10. There is lower extremity numbness and tingling. The pain is aggravated by prolonged positioning including sitting, standing, walking, bending, sit to stand position, ascending or descending from stairs, and stooping. "Well-healed surgical incision at the low back; pain with toe walking; able to squat to 60%; pain noted upon toe touch with fingers at 6 inches from the ground; tender lumbar paraspinal muscles, spinous processes L1-L5, decrease ROM, and SLR at 40 degrees." His diagnoses include the following: 1. Other intervertebral disc displacement, lumbar region 2. Radiculopathy, lumbar region 3. Status post lumbar region [REDACTED] is requesting for 18 visits of physical therapy for the lumbar spine. The utilization review determination being challenged is dated 05/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/14 to 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) visits of Physical Therapy for the Lumbar Spine: Upheld

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

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

Decision rationale: According to the 04/29/2014 report by [REDACTED], this patient presents with residual low back pain. The treater is requesting for 18 visits of physical therapy for the lumbar spine. The patient's lumbar surgery dates back to 2008 and 2009. The current request for therapy is outside of post-operative time-frame. The utilization review denial letter states that the patient recently had 4 physical therapy visits, and there is no documentation of any functional improvement or decrease in the patient's pain with previous physical therapy session. 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. The current request for 18 sessions of therapy therefore, exceeds what is recommended by MTUS. Furthermore, the treater does not indicate how the patient has responded to recent therapy and what additional goals are to be reached. Recommendation is for denial.