

Case Number:	CM14-0184487		
Date Assigned:	11/12/2014	Date of Injury:	10/27/2011
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52-year old male with a date of injury of 10/27/11. He was stepping down on an uneven surface and suddenly felt a strain in his calf. An MRI of lumbar spine from 2011 showed disc bulging at the lower 3 levels without any significant nerve impingement. His diagnoses were probable pudendal neuralgia, status post C5-6 fusion, depression and lumbar disc spondylosis. His prior treatment included pudendal nerve block, MS Contin, Gralise, Amitriptyline and physical therapy. The request was for 12 physical therapy visits out of which 10 were certified medically necessary for his pelvic floor pain. The progress note from 09/17/14 was reviewed. He had been followed in the office for pelvic pain syndrome. He had been provided with two pudendal nerve blocks with the most recent one giving more sustained improvement than the first injection. He was being weaned off narcotics. He remained very depressed and anxious. On examination he was noted to be chronically ill, tremulous and anxious. He had bilateral ischial bursa tenderness and minimal lumbar spine tenderness. Urine drug screen was positive for benzodiazepines. He was receiving anxiolytics from his primary treating physician. He had pain consistent with pudendal neuralgia. He had severe sitting intolerance and pelvic, perineal and penile discomfort. A request was sent for bilateral pudendal nerve blocks, Neurosurgical consultation, MS Contin 15mg BID, Lyrica 50mg TID, Amitriptyline 25mg QHS, Psychology evaluation and Physical therapy for pelvic floor exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 visits: Upheld

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

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

Decision rationale: According MTUS, Chronic Pain Medical Treatment guidelines, up to 10 visits of physical therapy are recommended for neuralgia, neuritis and radiculitis. The employee had possible pudendal neuralgia with pelvic pain. The request was for physical therapy #12 visits. The UR letter stated that 10 of the 12 visits had been certified for pelvic pain and pelvic floor therapy. The remaining 2 visits are still over the maximum number recommended by MTUS guidelines and the request remains not medically necessary.