

Case Number:	CM14-0199032		
Date Assigned:	12/09/2014	Date of Injury:	04/29/2013
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 50 year old male with an injury date of 04/29/13. Per the 09/03/14 report the patient presents with significant left leg pain described as manageable and less severe than in the past. Examination reveals only mild straight leg raise at 60 degrees. No listed diagnoses are provided in the two most recent reports provided dated 03/19/14 and 09/03/14. On 09/03/14 the treater states the patient was last seen 03/19/14 and has a history of lumbar radiculopathy post fusion at L4-5 and L5-S1 (apparently 1998) with some residual foraminal stenosis left L5-S1. The patient underwent gastric sleeve surgery for obesity (date unknown), and the patient feels loss of weight has relieved pain. The treater states the patient is not interested in further treatment and will discontinue further physical therapy which the treater feels will help his symptoms. The 08/14/13 report mentions right hand and foot surgery (date unknown) and cholecystectomy in 2011. The patient received an ESI in March 2014 with significant short lasting pain relief. As of 03/19/14 the pain had returned to baseline level. The utilization review being challenged is dated 10/24/14. Reports were provided from 08/14/13 to 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

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

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

Decision rationale: The patient presents with significant left leg pain that is less severe than in the past. The treater requests for physical medicine procedure per report of unknown date. The 10/24/14 utilization review states the RFA (not included) is dated 03/31/14. The request as presented above is unclear; however, the utilization review states the request is for 12 sessions of Physical Therapy for the thoracic and lumbar spine. MTUS 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 08/05/13 report states the patient has received 6 sessions of physical therapy. The 03/19/14 report states, "Specifically, I would recommend a left-sided L5-S1 Foraminotomy to decompress the nerve root at that level." The treater states he would like to see the patient back in three months' time unless he proceeds with surgery sooner. The most recent report is dated 09/03/14 and states the patient was last seen 03/19/14. The report further states the patient is not interested in further treatment and will discontinue physical therapy. In this case, it appears the patient has received an unknown amount of Physical Therapy. There is discussion on 03/19/14 of recommended lumbar surgery for the patient; however, there is no evidence that this surgery has taken place from the reports provided or the reports cited by the utilization review. There is no evidence that the patient is within a post-surgical treatment period. None of the reports discuss why therapy is required or the objective goals of this request. No therapy reports or subjective findings of past treatment are provided. Furthermore, it appears the 12 requested sessions exceed what is allowed by MTUS. The request is not medically necessary.