

Case Number:	CM14-0203293		
Date Assigned:	12/15/2014	Date of Injury:	10/28/1995
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 71 year old male with an injury date of 10/28/95. Based on the 08/20/14 progress report provided by treating physician, the patient complains of back pain rated 5/10. The patient is status post L1-S1 spinal fusion following initial injury, date unspecified. Patient ambulates with an antalgic gait. Physical examination to the lumbar spine revealed tenderness to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Pain noted in the sacroiliac joint area, with palpable twitch positive trigger points. Patient's medications include Lyrica, Ryzolt, Wellbutrin and Zantac. Patient is retired. Diagnosis 08/20/14 - radiculopathy, lumbar spine - spasm muscle- radiculopathy, cervical- sprain and strain of sacroiliac - failed back syndrome, lumbar - unspecified neuralgia neuritis and radiculitis. The utilization review determination being challenged is dated 11/04/14. The rationale is "... it is determined that treatment modification is the best course of action - altering the specified 12 sessions of physical therapy to 6 sessions." Treatment reports were provided from 05/28/14 - 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 back pain rated 5/10. The request is for TWELVE PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE. The patient is status post L1-S1 spinal fusion following initial injury, date unspecified. Patient's diagnosis on 08/20/14 included failed back syndrome, and unspecified neuralgia neuritis and radiculitis. Patient's medications include Lyrica, Ryzolt, Wellbutrin and Zantac. Patient is retired. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." 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." Treater has not provided reason for the request. Given the patient's condition, a course of physical therapy would be indicated, however there is no treatment history available in medical records provided. Furthermore, the request for 12 physical therapy sessions exceeds what is allowed by MTUS. Therefore the request IS NOT medically necessary.