

Case Number:	CM15-0000404		
Date Assigned:	01/12/2015	Date of Injury:	08/01/1997
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 61 year old female who sustained an industrial accident on 08/01/1997. The injured worker has diagnoses of status post L4-L5 and L5-S1 lumbar fusion on 03/12/1998, lumbar radiculopathy, right hip pain, rule out internal derangement, and right shoulder tendonitis, rule out internal derangement. Treatment has included an L4-L5- and L5-S1 fusion performed on March 12, 1998, lumbar epidural steroid injection, aquatic therapy and medications. The treating provider is requesting 12 physical therapy visits 2 x 6 to the lumbar spine. On 12/08/2014 the Utilization Review modified the request for 12 physical therapy visits 2 x 6 to the lumbar spine to 2 physical therapy visit to the lumbar spine for instruction in a home exercise for the lumbar spine, noting California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits to 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 increasing low back and lower extremity pain along with numbness and tingling, as per progress report dated 10/23/14. The request is for 12 PHYSICAL THERAPY VISITS TO THE LUMBAR SPINE. While the right lower extremity pain has remained unchanged, the left lower extremity pain is severe and travels all the way to the heel. The patient also has pain over right shoulder and right hip area. The pain is rated as 7/10 with medications and 10/10 without medications. The patient is status post L4-5 and L5-S1 fusion in 1998. Current medications include Norco, Gabapentin, and Lidocaine patches, as per the same progress report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient underwent L4-5 and L5-S1 fusion in 1998. In progress report dated 10/23/14, the treater states that the patient received aquatic therapy after the procedure but has not received any physical therapy since then. The patient does suffer from severe, chronic pain and may benefit from physical therapy now. However, MTUS only allows for 8 to 10 sessions in non-operative cases and the treater's request for 12 sessions exceeds that recommendation. Hence, the request IS NOT medically necessary.