

Case Number:	CM14-0122782		
Date Assigned:	08/08/2014	Date of Injury:	03/31/1998
Decision Date:	09/26/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation 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 59 year old male with date of injury 3/31/98. The treating physician report dated 6/03/14 indicates that the patient presents with increased back pain and pain radiating to the lower extremities, weakness on straight leg raise bilaterally 3+/5, positive straight leg raise bilaterally at 30 degrees and lower extremity sensory changes. This information was provided in the utilization review report under peer to peer contact. The treating physician report dated 6/03/14 is illegible and unclear. According to the UR report dated 7/21/14 the patient has had lumbar fusion L3-S1, spinal cord stimulator implant in 2007, CT of the lumbar spine in 2009, physical therapy, aquatherapy, trigger point injections and medications; however, this information is not found in the medical records provided. Current physical examination findings reveal pain level 8/10. The current diagnoses are: 1.Lumbar radiculitis 2.Failed back surgery syndrome. The utilization review report dated 7/21/14 modified the request for physical therapy to the lumbar spine based on the rationale of no clear request for frequency/duration of physical therapy. Modification was to allow 8 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine (frequency/duration not identified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: This is a 59 year old male who presents with increased back pain and pain radiating to the lower extremities, weakness on straight leg raise bilaterally, positive straight leg raise bilaterally and lower extremity sensory changes. The current request is for physical therapy, unspecified frequency and duration of sessions (lumbar spine). According to the UR report the request for physical therapy of the lumbar spine did not include frequency or duration of the request; however, the treating physician's progress report dated 6/03/14 does state P.T. 2 x 4 weeks for L/S. The MTUS Guidelines recommend 8 to 10 visits over 4 weeks for neuralgia, neuritis and radiculitis, unspecified. I agree with the UR recommendation for 8 sessions of physical therapy. I do not agree with authorization for an unspecified frequency and duration physical therapy. The MTUS places a limitation on the number of visits for a specific diagnosis. Recommendation is for denial of the request for an unspecified number of physical therapy visits.