

Case Number:	CM14-0163500		
Date Assigned:	10/08/2014	Date of Injury:	05/13/2009
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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, 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 47-year-old male with a date of injury of 05/13/2009. The listed diagnoses per [REDACTED] are: 1. Status post lumbar microdiscectomy at L4 to L5, 2. Anterior cervical fusion, 3. Emotional symptoms, 4. Surgical history include a cervical fusion (date of surgery not noted) and lumbar microdiscectomy at L4 to L5 from 2012. According to progress report 07/29/2014, the patient presents with ongoing back pain with cramping in his left calf. He also has neuropathic leg pain towards his feet. Examination revealed ongoing pain with palpation over the right sacral joint and left calf tenderness. The patient also continues to have pain over the left sciatic notch. Sitting leg raise test is positive. Supine straight leg raising is limited to 55/90 degrees on the left and 65/90 degrees on the right. Under request for authorization, it notes, "[REDACTED] will be given physical therapy in our facility 1 to 3 times over 2-week period of time for any acute flares of his chronic pain that he is unable to resolve with his HEP or pain medications." Utilization review denied the request on 09/19/2014. The medical file includes 2 treatment reports dated 06/26/2014 and 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Physical Medicine Therapy Sessions: Overturned

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: This patient presents with continued low back pain. The treater is requesting "physical medicine in our facility 1 to 3 times over 2-week period of time for any acute flares of his chronic pain that he is unable to resolve with his HEP or pain medications." For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy treatment history. It is unclear how many sessions the patient has received to date, when they were received, and what results they had produced. Review of report 07/29/2013 indicates that the patient is participating in a home exercise program. In this case, the treater is requesting a short course of 6 physical therapy sessions to revisit and modify goals for the patient's HEP. It does not appear that the patient has had any formal physical therapy recently. Given such, recommendation is for approval.