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| Case Number: | CM13-0026965 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 11/18/2011 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 from 11/18/11. The patient's diagnosis is lumbar spine post-laminectomy syndrome. The patient underwent microscopic discectomies on the left side L3-4 and L4-5 on 4/9/13. The request is for 18 sessions of physical therapy. A report dated 9/23/13 by [REDACTED] is included in the medical records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x6 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The medical records provided for review show that the patient completed 8 sessions of therapy by 6/27/13 per the therapist's summary report. Therapy had started on 5/31/13. There is also an authorization letter dated 7/2/13 for 12 additional sessions. These two reports combine for a total of 20 sessions authorized by 9/5/13 when the treater requested another 18 sessions of therapy. Some of the therapy notes are illegible as they are hand-written,

and it is difficult to determine how the patient is progressing. The MTUS Chronic Pain Guidelines allow for 16 visits of post-operative therapy following a discectomy/laminectomy. This patient was already authorized for 20 sessions and the current request exceeds what is recommended by the MTUS Chronic Pain Guidelines. Recommendation is for a denial.