

Case Number:	CM13-0029349		
Date Assigned:	11/01/2013	Date of Injury:	02/04/2009
Decision Date:	01/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

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 PM&R, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

37 y.o. with injury from 2/4/09 while lifting 95lb box. The patient has had lumbar fusion. 10/10/13 report by [REDACTED] hand-written, diagnoses of LBP and HNP L5-1. Pain 8/10 low back and right leg, insurance denied PT, constipated by Norco. 9/11/13 UR letter denying additional PT, home exercise was recommended. Request note by treater for additional PT 2x6, dated 9/13/13. 9/5/13 hand-written report by [REDACTED] indicating that the patient would benefit from additional therapy. It states that the patient had therapy and requesting more sessions. 7/22/13 report indicates no improvement. On Norco and Valium. 6/13/13 report has 6/10 improvement, no new trauma, patient was to start PT, WBAT(wt bear as tolerated). 6/13/13 request for 3x8 PT (from PT place). 5/30/13 report by [REDACTED] with request for an ESI. This was subsequently authorized. 3/25/13 report states that the patient has had 4 years of LBP with 2 surgeries, 8/10 back pain. 3/25/13 X-ray report has stable ant lumbar fusion with pedicle screws. A prescription dated 11/13/12 for 12 sessions of therapy, written by [REDACTED]. 12/11/12 note by [REDACTED] states that the patient is s/p lumbar fusion from 9/5/12. The patient was to continue therapy with 10 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 to the low back: Upheld

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

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

Decision rationale: Extensive review of the records show that this patient underwent lumbar fusion in September of 2012. The patient is currently over 12 months out from lumbar surgery. The records appear to show that the patient has had extensive therapy over the last 12-16 months. There is another request for 12 sessions of therapy. However, the treater does not summarize how much treatment the patient has had, how the patient has responded, how this has made a difference in the patient's function and progress toward a functional recovery. The treater simply asks for more therapy. Since it has been more than 12 months since lumbar surgery, post-op therapy guidelines do not apply. There are therapy reports up to 8/1/13 indicating that the patient has had recent therapy. Again, the treater does not discuss how the patient has responded to therapy in any detail. The treater does not explain why the patient requires additional therapy at this time other than the complaints of pain. MTUS allows for 8-10 sessions of therapy for myalgia, myositis, tendinitis, the type of pain the patient may be experiencing. The treater only has LBP and HNP L5-1 as diagnoses. MTUS does not support unlimited PT and recommendation is for a denial.