

Case Number:	CM13-0037887		
Date Assigned:	12/18/2013	Date of Injury:	05/01/2005
Decision Date:	02/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 and Rehabilitation and Sports Medicine and is licensed to practice in New York and Texas. 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 57-year-old male who reported an injury 05/01/2005. The mechanism of injury was not documented; however, the patient's current diagnoses were a lumbar strain, right lumbar radiculopathy, degenerative joint/disc disease, and status post lumbar decompression and discectomy at the L4-5 level. The patient has been treated for ongoing residual pain in his lumbar spine. Previous treatments have included rest, lumbar surgery, and postoperative physical therapy. The most recent clinical documentation is dated 06/21/2013 which reported the patient was visibly uncomfortable with spasms and tenderness noted in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Under the California MTUS Postsurgical Rehabilitation patients who have undergone a discectomy are allowed 16 visits over 8 weeks with a postsurgical physical

medicine treatment period of 6 months. As noted in the documentation, the patient has already completed physical therapy after he was approved for 12 postop sessions. As it is now 8 months post surgery date, the patient is no longer within that window of completing the additional physical therapy sessions previously approved. As noted under the physical medicine guidelines under California MTUS, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, in regards to the requested service for physical therapy 2 times a week for 6 weeks for the lumbar spine, the requested service does not meet guideline criteria for continuation of outpatient physical therapy at this time. As such, the requested service is non-certified.