

Case Number:	CM13-0053350		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2005
Decision Date:	05/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for degenerative disc disease lumbosacral spine primarily at L4-L5, L5-S1, minimal at L3-L4 associated with an industrial injury date of 11/14/2005. Treatment to date has included lumbar decompression and fusion in 08/16/2011, removal of retained pedicle screw fixation system and stimulation of L3, L4, L5 and S1 in 02/26/2013, physical therapy, and medications such as Norco, Flexeril, Colox, Restone, Cartivisc, and Vitales. Utilization review from 11/04/2013 denied the request for physical therapy 3 x week x 4 weeks for the lumbar spine due to lack of details regarding the recent lumbar surgery as well as lack of information regarding the patient's objective functional response after completion of previously authorized visits. Medical records from 2012 to 2013 were reviewed showing that patient complained of constant pain at lumbosacral spine rated as moderate to moderately severe. Pain was aggravated during activities involving twisting, turning, and bending. She stated that she was improving with physical therapy. This was associated with radicular complaints to the lower extremities. Physical examination showed normal sagittal balance of the lumbosacral spine. Midline surgical incision was well-healed and nontender. Paraspinal muscle guarding with mild tenderness was noted. Sciatic notch tenderness was not elicited. Range of motion of the lumbar spine was limited towards flexion at 40 degrees, extension at 5 degrees, and lateral bending at 10 degrees on both sides. There was no localizing motor deficit of either lower extremity. Deep tendon reflex for bilateral knees was graded 3+. Slight hypesthesia of the mid-dorsum and lateral dorsum of both feet was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in Post-Surgical Treatment Guidelines, physical therapy is recommended for postsurgical treatment (lumbar fusion) for 34 visits over 16 weeks with treatment period up to six months. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In this case, patient had two lumbar surgeries with the most recent performed in 02/26/2013 involving removal of retained pedicle screw fixation and stimulation of L3 to S1 levels. A physical therapy note, dated 07/18/2013, cited that treatment plan was 2 times a week for 8 weeks. However, it is unclear if the patient completed all of her treatment sessions because a report dated 09/20/2013 stated that patient was not undergoing physical therapy at that time of office visit. Additional physical therapy sessions are not warranted for this patient due to lack of documentation of functional improvement from her previous treatment visits. Therefore, the request for twelve (12) physical therapy sessions for the lumbar spine is not medically necessary.