

Case Number:	CM13-0058474		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2011
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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 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:

Patient is a 51 year old male, with date of injury 11/19/2011. Per progress report 10/11/2013 the patient, six months post lumbar fusion, reports continued lower back pain 7/10 after daily activity and increased after physical therapy. The listed diagnoses are: 1. Lumbar disc degeneration. 2. Status post lumbar surgery (Transforaminal Lumbar Interbody Fusion L5/S1 with Posterior Spinal Fusion L3/S1 4/18/2013). The Patient had an unremarkable post-operative recovery with return to modified work duty on 5/29/2013. Review of the post-operative therapy requests show total of 32 sessions from 5/30/13 to 7/26/14. X-rays were obtained on 10/10/13 showing progressive fusion from L3-S1. The provider has now asked for additional 18 sessions of therapy per 10/10/13 report. Examination showed lumbar spine ROM full flexion, motor testing within normal limits bilaterally able to do heel lifts without issues. This request was denied by utilization review letter from 11/12/13 stating that the patient had already surpassed recommended number of Physical Therapy sessions post-surgery with functional improvement and no evidence of significant deficit in range of motion or strength and recommended home exercise program.

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 8 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE.

Decision rationale: This patient presents with chronic low back pain is s/p lumbar fusion from L3-S1 from 4/18/13. The request is for therapy 18 sessions per 10/10/13 progress report. Review of the reports from 2013 shows that the patient completed 32 sessions of post-operative therapy. Per MTUS Post-Surgical Guidelines (page 25) the post-surgical physical medicine treatment period for spinal fusion is 6 months and provides for 34 visits over 16 weeks. In addition, MTUS Post-Surgical Treatment Guidelines (page 10) state, "At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational and physical therapy." In this case, the current request is outside of the post-operative time frame and standard MTUS recommendation for physical therapy (pages 98, 99) applies where 9-10 sessions of therapy for myalgia/myositis, neuralgia/neuritis type of conditions. The provider does not indicate the rationale for continuing therapy other than continued discomfort. The patient appears to have had adequate post-operative therapy having achieved good ROM, and function including return to modified work. Furthermore, the current request for 18 sessions exceeds what is allowed by MTUS for myalgia/myositis type of pain. Recommendation is for denial.