

Case Number:	CM13-0059940		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2010
Decision Date:	03/25/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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, 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:

This is a 44-year-old male who was injured on 1/8/2010. He has been diagnosed with lumbar disc herniation with myelopathy, DDD (degenerative disc disease), myalgia, and myospasm. On the 10/15/13 report from [REDACTED], the patient presents 10-months post-op and doing well. X-ray showed solid lumbar fusion with hardware in good position. [REDACTED] recommended PT (physical therapy) 3x4 and a replacement for the patient's broken TENS (Transcutaneous electrical nerve stimulation) unit. On 11/1/13, UR (utilization review) denied the request for PT as the patient is outside the MTUS/post-surgical treatment timeframe, and the request exceeds the MTUS chronic pain guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, 3x4 weeks: 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: The radiographs show the patient had laminectomy fusion with compression rods and screws posterior to L4/5 and L5/S1 with disc implants. The records show the surgery was on 12/20/12. The MTUS/post-surgical guidelines list the post-surgical physical medicine treatment timeframe as 6-months for lumbar fusion, arthroplasty, and laminectomies. The request for PT (physical therapy) 3x4 was at 10-months post-op, and therefore the MTUS chronic pain guidelines apply. The MTUS recommends 8-10 physical therapy sessions for various mylagias and neuralgias. The request for 12 sessions of PT will exceed the MTUS recommendations. As such, the request is not certified.