

Case Number:	CM13-0065525		
Date Assigned:	05/02/2014	Date of Injury:	03/07/2011
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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:

The patient is a 62 year old male with an injury date of 12/10/13. Based on the 08/12/13 progress report provided by [REDACTED], the patient complains of chronic pain in his lumbar spine with radiation to lower extremities bilaterally. The patient also had a lumbar spine fusion in June 2013. There is spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation is noted in L4, L5 and S1 dermatomal distributions bilaterally. The patient is diagnosed with lumbosacral radiculopathy. [REDACTED] is requesting for 28 sessions of physical therapy to the lower spine. The utilization review determination being challenged is dated 12/10/13 and recommends denial of the physical therapy sessions. The rationale was that the patient had extensive physical therapy for this chronic condition without any subjective benefits noted. There was also no documentation as to why the claimant is not able to continue with rehabilitation on a home exercise program basis. [REDACTED] is the requesting provider, and he provided two treatment reports from 08/12/13 and 11/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

28 SESSIONS OF PHYSICAL THERAPY TO THE LOWER SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: According to the 08/12/13 report by [REDACTED], the patient presents with chronic pain in his lumbar spine with radiation to lower extremities bilaterally. The patient is s/p lumbar fusion from June 2013. The request is for 28 sessions of physical therapy per 8/12/13 report to the lower spine to speed up his recuperation process. No physical therapy notes provided or any mention of physical therapy sessions in the two progress reports given. The utilization review letter claims that the patient previously had physical therapy with no benefit. However, the UR letter does not reference the patient's recent lumbar surgery. MTUS pages 25 and 26 state that 34 visits over 16 weeks of physical therapy are allowed for postsurgical treatment (fusion). Given that the patient has not had any therapy following the recent lumbar fusion surgery, the requests 28 sessions are consistent with MTUS guidelines for post-op care.