

Case Number:	CM13-0068966		
Date Assigned:	01/29/2014	Date of Injury:	12/16/2010
Decision Date:	05/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old male who had a work injury on 12/16/12. On 5/21/13 the patient underwent an anterior lumbar interbody fusion and discectomy at L5-S1. He had 12 visits certified in 08/2013 postoperatively. There is a request for 12 more PT visits. A magnetic resonance imaging (MRI) study of the lumbar spine was reviewed on 12/03/13, which documented minimal disc bulging at L1-L2, L4-L5. There was mild facet arthropathy at L4-L5 and moderate facet arthropathy at L5-S1. There is a primary treating progress report dated 12/03/13 which states that the patient has low back pain that radiates into the bilateral legs. The patient stated that the pain was starting to aggravate more on the left leg. The pain was constant and accompanied by numbness, tingling, burning and aching. Sitting and standing for long periods of time aggravated the pain. Without pain medications, the pain level was 8/10. With pain medications the pain level was 6/10. The current pain level was 6/10. The patient stated he has functional improvement in activities of daily living. Physical exam showed 5/5 muscle strength on the bilateral lower extremities. There was full range of motion on the bilateral lower extremities. Straight leg raise test was positive on the left at 30 to 45 degrees. Straight leg raise test was negative on the right. There was moderate to severe pain with lumbar flexion and extension and lateral bending. The treating physician is recommending 12 sessions of physical therapy 2 times per week for 6 weeks to improve pain and function. The documentation indicates that the patient has completed 12 post surgical PT visits and progressing but still has some pain and suboptimal function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Low Back, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Twelve (12) physical therapy visits is medically necessary. The patient is allowed per California MTUS Post-Surgical Treatment Guidelines up to 34 visits for a lumbar fusion. The patient has only completed 12 visits at this point. The documentation states that he has made progress, however continues to have some pain and suboptimal function with difficulty standing and sitting for long periods. An additional 12 visits of therapy would equate to 24 post surgical visits of therapy which is still within the recommended number of physical therapy visits for his surgery. Therefore, the request for 12 physical therapy visits is medically necessary.