

Case Number:	CM13-0069932		
Date Assigned:	01/03/2014	Date of Injury:	01/03/2002
Decision Date:	04/15/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 & 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 50-year-old female with date of injury of 01/03/2002. Per treating physician's report, 11/06/2013, listed diagnoses are pain in the limb, lumbago, lumbar disk disorder with myelopathy, thoracic or lumbosacral neuritis or radiculitis. The patient's presenting symptoms are low back with radiculopathy in the right lower extremity, numbness, tingling, and weakness. The patient had lumbar surgery with arthrodesis and then removal of the hardware and patient has residual pain. The patient was provided with 12 sessions of physical therapy with reduction of pain, increased musculoskeletal function, and improved ADLs, reduction of oral medication needs. However, this patient's pain has recurred and continues to be symptomatic and the request is for additional 12 sessions of physical therapy on land along 12 additional sessions of aquatic therapy. The treating physician is also requesting orthopedic mattress. Report by the treater, 09/15/2013, is a letter of appeal regarding the denied physical therapy. Report from 07/31/2013 indicates the patient is status post hardware removal; continue to have pain at 6/10. The request is for updated CT scan of the lumbar spine and formal request for physical therapy 12 sessions. Report from 05/22/2013 indicates the patient had hardware removal on 04/02/2013 undergoing postoperative therapy for 12 sessions. This report indicates that the patient did not feel that she is able to reduce her intake of oral pain medication and the treater was requesting 12 additional sessions of postoperative therapy. A 07/02/2013 report by the treater indicates that the patient was getting medication from multiple physicians by mistake. There is no mention that the patient's medications are reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-therapy three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain. The patient has had lumbar fusion surgery and hardware removed. Hardware removal was on 04/02/2013. Review of the reports from 04/10/2013 to 11/04/2013 shows that the patient has had either 12 or 24 sessions of postoperative physical therapy. The current request is from 11/06/2013 as well as 07/31/2013, requesting 12 additional sessions of physical therapy. The postoperative guideline from MTUS does not apply as the patient is more than 6 months out from hardware removal. For physical therapy, MTUS Guidelines allow 9 to 10 sessions for myalgia, myositis, or neuritis/radiculitis type of symptoms that this patient is suffering from. The current request for 12 sessions exceeds the number of therapy treatments recommended per MTUS Guidelines. Furthermore, the treating physician has argued that previous physical therapy have resulted in functional improvement, reduction of pain, reduction of use of medications. However, review of the reports show no such evidence. Report from 05/22/2013 has the patient is still struggling with pain without any documentation of improvement from hardware removal or postoperative physical therapy. This report specifically states the patient is not able to reduce medications. This statement seems to contradict the treating physician's recollection from 11/04/2013 report that the patient actually had reduction of use of medication. Most importantly, MTUS Guidelines do not allow more than 10 sessions of physical therapy for this type of condition. Recommendation is for denial.

Twelve additional aqua therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with history of lumbar spine surgery and hardware removal. Hardware removal is from 04/02/2013. Postoperatively, the patient has had 12 to 24 sessions of physical therapy. The current request is for 12 sessions of aqua therapy in addition to 12 sessions of land-based therapy. For aquatic therapy, MTUS Guidelines page 22 states that it is an optional form of exercise therapy where available and can be used as an alternative to land-based physical therapy for situations where reduced weight bearing is desirable such as in extreme obesity. In this patient, there is no documentation that the patient is extremely obese and that the patient is not able to tolerate land-based therapy. In fact, the patient has had land-based therapy and tolerated it

well. None of the reports describe this patient as extremely obese. Finally, MTUS Guidelines allow only 10 sessions of physical therapy for this type of condition which is myalgia, myositis, and radiculitis. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.