

Case Number:	CM13-0070907		
Date Assigned:	01/08/2014	Date of Injury:	09/06/1996
Decision Date:	06/24/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 53-year-old male who has submitted a claim for chronic neck and right upper extremity pain, status post lumbar fusion L4-5, associated from an industrial injury date of 09/06/1996. The medical records from 02/21/2013 to 01/23/2014 were reviewed and showed that patient complained of low back pain, graded 6-7/10, radiating to the bilateral lower extremities. He claims that his pain has improved from 9/10 to 6-7/10 with medications. Also, walking outside his house helps. Physical examination showed tenderness and limitation of movement of the lumbar spine. The treatment to date has included MS Contin, OxyIR, Robaxin, Lidoderm patch, Neurontin, Viagra, Colace, Lexapro, Bisacodyl, bone stimulation, physical therapy, and anterior and posterior spinal fusion L4-5 (4/17/2013). A utilization review, dated 11/26/2013 denied the request for physical therapy sessions because the patient has had adequate physical therapy for 6 months, and there was no objective evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) SESSIONS OF PHYSICAL THERAPY, THREE (3) PER WEEK FOR SIX (6) WEEKS TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: As stated on pages 99 to 100 of California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Postsurgical Treatment Guidelines recommend physical therapy for 34 visits in 16 weeks over a 6 month period as post-operative treatment for lumbar fusion. In this case, the patient underwent anterior and posterior spinal fusion L4-5 on April 2013. The medical records submitted do not include the number of physical therapy sessions completed, and there was no objective evidence of functional improvement after physical therapy. There is no clear indication for extending therapy sessions at this time. Therefore, the request for eighteen (18) sessions of physical therapy, three (3) per week for six (6) weeks to the lumbar spine, is not medically necessary.