

Case Number:	CM14-0001919		
Date Assigned:	01/24/2014	Date of Injury:	01/12/2005
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

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:

This 68-year-old patient sustained a low back injury on 1/12/05 while working. The request(s) under consideration include continued physical therapy (PT) 18 sessions, lumbar spine. The diagnoses include lumbosacral intervertebral disc degeneration; osteoporosis; and acquired spondylolisthesis. Physical therapy report of 7/22/13 noted patient feeling unsteady and sometimes stumbles; has ongoing low back pain with intermittent right sciatic pain; able to stand and walk for more than 20 minutes. The exam showed limited prone knee flexion and hip extension bilaterally; straight leg raise on right 50 degrees. The report of 10/30/13 from the provider noted patient underwent lumbar fusion at L4-5 on 3/5/13 (almost 8 months prior to evaluation) with post-operative PT of 12 visits on 7/15/13 and another 12 visits of PT on 9/27/13. The patient reported some improvement; however, continues with constant moderate to severe low back and neck pain. The exam noted motor strength of 5/5 with intact sensation. X-rays of the lumbar spine showed intact hardware without evidence of screw migration or misplacement. The patient remained off work with treatment plan for further physical therapy. The request(s) for continued physical therapy (PT) 18 sessions, lumbar spine, was non-certified on 12/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PT 18 SESSIONS, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The MTUS guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified: 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. For reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. According to the Official Disability Guidelines (ODG) guidelines, post-operative therapy allow for 34 visits over 16 weeks (4 months) for lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. The submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now almost 15 months without report of functional improvement from therapy treatment already rendered. The submitted reports have not demonstrated neurological deficits or limitations in activities of daily living (ADLs) requiring further therapy as the patient has past the rehabilitation period and should be independent with a home exercise program. The continued physical therapy (PT) 18 sessions, lumbar spine, is not medically necessary and appropriate.