

Case Number:	CM14-0100936		
Date Assigned:	07/30/2014	Date of Injury:	08/26/2010
Decision Date:	10/21/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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, 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 injured worker is a 43-year-old female with an injury date of 08/26/10. Based on the 04/16/14 progress report provided by [REDACTED], the patient complains of low back pain. She is status post Anterior-posterior decompression fusion L5-S1 (per AME report dated 08/29/13) with decreased level of pain. Physical examination to the lumbar spine reveals decreased range of motion, especially on extension 10 degrees. Straight leg raising is positive for back pain. Treater report dated 03/05/14 states that patient is having excellent progress with physical therapy. Medications include Tramadol, Flexeril and Prilosec. She is temporarily disabled. Diagnosis 04/16/14 includes L4-5 and L5-S1 decompression and fusion, right ankle dorsiflexors weakness, and stress due to industrial injury. The utilization review determination being challenged is dated 05/30/14. The rationale is "patient already had 28 post op PT and should be progressed to HEP."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intervertebral disc disorders without myelopathy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Excessive Therapy; Physical Medicine Page(s): 98, 99.

Decision rationale: The injured worker presents with low back pain and is status post anterior-posterior decompression fusion L5-S1 08/29/13. The request is for Physical Therapy two times a week for six weeks to the lumbar spine. The treating physicaian report dated 03/05/14 states that patient is having excellent progress with physical therapy. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Per utilization review letter dated 05/30/14, patient already had 28 post op physical therapy visits. The patient is not currently under post-operative time-frame. The treating physician does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. Therefore, the request for physical therapy twice a week for six weeks to the lumbar spine is not medically necessary and appropriate.