

Case Number:	CM14-0015934		
Date Assigned:	06/11/2014	Date of Injury:	03/17/2000
Decision Date:	08/04/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 is a 50-year-old gentleman with a date of injury of 3/17/00. Mechanism of injury was a fall backwards, landing on his back on a metal floor. The patient had conservative care, but had persistent symptoms. MRI was done and showed disc herniation and annular tear at L4-5. He then went on to have a lumbar discectomy surgery, date of surgery is not disclosed. Over the course of 2013, there is documentation of exacerbations of pain, but with apparent difficulties getting UR authorization. By the 10/17/13 report, the doctor notes that the patient was in PT. By the 12/12/13 report, another 12 sessions were recommended with no detail submitted on what has been completed or what progress has occurred. The patient is being seen for future medical care, therefore, indicating that this case has been made Permanent and Stationary at some point in the past. There is no report of new trauma or acute flare of symptoms at the 12/12/13 report. The payor requested additional information, including the number of PT sessions completed in 2013 and response to Physical Therapy (PT). Submitted records do not reflect that there was a response to that request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

Decision rationale: Guidelines recommend 8-12 sessions of PT for this type of low back diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia, ACOEM revised 2nd edition recommends 8-12 sessions of PT, and ODG recommends 9-12 sessions of PT. This patient has a history of discectomy, where surgical guidelines support up to 16 post-op PT sessions. In this case, though the patient has had a prior lumbar surgery, he is getting care under future medical provision, indicating that he has already been made Permanent and Stationary for this injury and surgery. Short courses of PT are appropriate for acute flare-ups. The patient has previously had some flares in 2013, and an undisclosed number of PT sessions to address those flares. The December 2013 report requesting additional PT does not document an acute flare that justifies additional PT versus doing a home exercise program. There is no discussion of completed sessions to date, or response to treatment to date. Medical necessity is not established for additional PT 3 x 4.