

Case Number:	CM14-0017365		
Date Assigned:	04/14/2014	Date of Injury:	10/14/2005
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 patient is a 47 year old with an injury date on 10/14/05. Based on the 7/17/13 progress report the patient's diagnosis includes herniated nucleus pulposus at L5-S1 with right lower extremity radiculopathy. The patient is s/p lumbar surgery from 8/7/13 and operative report shows an intralaminar laminectomy to right side at L5-S1 with medial facetectomy and micro-discectomy, neurolysis decompression of the exiting L5 nerve roots. No previous therapy reports were provided. The physician is requesting 12-18 physical therapy sessions 2-3 times a week for 6 weeks for the patient's lumbar spine. The utilization review and determination being challenged is dated 1/30/14. The requesting provider, provided treatment reports from 6/27/13 to 8/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-18 PHYSICAL THERAPY SESSIONS, (2-3) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the 8/19/13 progress report, this patient presents with constant low back pain rated 7/10, radiating bilaterally, right side greater than left, into toes with numbness. The request is for 12-18 physical therapy sessions 2-3 times a week for 6 weeks. According to the 8/19/13 progress report, the patient had undergone 8 sessions of physical therapy for the patient's wrists. The physical therapy sessions took place between 7/22/13 and 8/19/13. The review of the reports does not show any recent history of physical therapy for the lumbar spine. MTUS guidelines state that for a discectomy, 16 visits over 8 weeks is recommended. The utilization review dated 1/30/14 states: "The documentation does not specify the amount of therapy completed as well as the results of that therapy. Continuation of therapy should be based on demonstrated positive gains from prior treatment which have not been provided In this case. Further 18 sessions would be considered excessive and outside of guideline recommendations without exceptional factors." Review of the reports show, however, that the patient's prior physical therapy visits were prior to the patient's lumbar surgery and there is no evidence the patient received post-operative therapy. The requested amount of 12-18 physical therapy sessions seems reasonable and within MTUS guidelines. Recommendation is for authorization.