

Case Number:	CM14-0114220		
Date Assigned:	08/01/2014	Date of Injury:	01/26/2011
Decision Date:	11/13/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 53 year-old patient sustained an injury on 1/26/11 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3x6 (18 sessions to the Lumbar spine). Diagnoses include Lumbosacral radiculopathy s/p lumbar fusion (undated) with subsequent hardware removal on 9/24/13. The patient continues to treat for chronic low back pain. Reports of 1/29/14 and 3/5/14 from the provider noted the patient with chronic lumbar pain rated at 8/10 with some weakness; restrictions remain unchanged and the patient remains on total temporary disability. Exam noted antalgic gait with use of cane and healed incision; spasm and tenderness with decreased range; no other clinical findings documented. Medications were refilled and the patient remained TTD. AME report of 3/12/14 noted the patient has revision left hemilaminectomy and arthrodesis at L3-S1 and removal hardware with post-op PT of at least 18 sessions and discontinued. The patient noted approximately 10% benefit from surgery done with continued pain rated at 9/10. The request(s) for Physical Therapy 3x6 (18 sessions to the Lumbar spine) was non-certified on 7/17/14 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:

Physical Therapy 3x6 = 18 sessions to the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy, Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722..

Decision rationale: This 53 year-old patient sustained an injury on 1/26/11 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3x6 (18 sessions to the Lumbar spine). Diagnoses include Lumbosacral radiculopathy s/p lumbar fusion (undated) with subsequent hardware removal on 9/24/13. The patient continues to treat for chronic low back pain. Reports of 1/29/14 and 3/5/14 from the provider noted the patient with chronic lumbar pain rated at 8/10 with some weakness; restrictions remain unchanged and the patient remains on total temporary disability. Exam noted antalgic gait with use of cane and healed incision; spasm and tenderness with decreased range; no other clinical findings documented. Medications were refilled and the patient remained TTD. AME report of 3/12/14 noted the patient has revision left hemilaminectomy and arthrodesis at L3-S1 and removal hardware with post-op PT of at least 18 sessions and discontinued. The patient noted approximately 10% benefit from surgery done with continued pain rated at 9/10. The patient had reevaluation; however, no report provided. Report of 6/18/14 from the provider noted unchanged symptom complaints with unchanged clinical findings of lumbar spine of spasm, tenderness, and decreased sensation at L5 and S1. The patient remained TTD with continued conservative management. The request(s) for Physical Therapy 3x6 (18 sessions to the Lumbar spine) was non-certified on 7/17/14. Treatment noted the patient had returned office visit post over 13 months lumbar revision fusion still with constant residual low back pain and radiculopathy. Treatment noted the patient continues with narcotic pain medications and remains TTD. The patient has had at least 18 visits since a year without functional improvement. MTUS 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. Submitted reports have not adequately demonstrated the indication to support further physical therapy as the patient has expressed increasing continuing pain with surgery benefiting 10%. The patient has remained TTD without functional benefit, pain relief, or clinical improvement from the 18 post-op PT visits rendered. The patient has past the rehabilitation period and should be independent with a home exercise program. The Physical Therapy 3x6 (18 sessions to the Lumbar spine) is not medically necessary and appropriate.