

Case Number:	CM14-0130541		
Date Assigned:	08/20/2014	Date of Injury:	08/14/2000
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Therapy & 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 62 year-old patient sustained an injury on 9/14/2000 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy x8 between 7/24/14 and 9/22/14. The patient is s/p lumbar L5-S1 fusion on 1/28/14. Per evaluation of 7/2/14, the patient has completed 7 post-op PT sessions. Report of 7/25/14 from the provider noted request for additional 8 PT sessions which was certified to allow for 15 visits thus far. Report of 8/18/14 from the provider noted the patient has completed 12 of 15 authorized PT visits. The patient states the therapy cause some increase in symptoms; he continues with ongoing low back pain and left leg radiculopathy. The patient felt symptoms are improved but still remaining with Opana ER 10 mg BID not working and found increase of Opana to 20 mg more beneficial. Exam showed nonanalgetic, non-neuropathic gait; restricted lumbar range; decrease sensation on left L5 distribution; full strength in bilateral lower extremities; and negative SLR. Diagnoses included lumbar disc disorder with myelopathy; lumbosacral neuritis/ radiculopathy. Treatment noted the patient had returned office visit post 7 months L5-S1 lumbar fusion still with residual low back pain and left leg radiculopathy. Treatment noted the patient will complete the remaining 3 PT visits; still requiring increased narcotic pain medications with patient better suited for pain management referral. The patient will remain TTD. The request(s) for Physical Therapy x8 between 7/24/14 and 9/22/14 was partially-certified for 2 sessions on 8/5/14 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 times 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy Page(s): 98-99.

Decision rationale: 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 PT caused increasing pain. The patient has required higher dosing of opiate now with plan for pain management referral, remaining TTD without functional benefit, pain relief, or clinical improvement from the 17 post-op PT visits rendered. The patient has past the rehabilitation period and should be independent with a home exercise program. The Physical Therapy times 8 between 7/24/14 and 9/22/14 is not medically necessary.