

Case Number:	CM14-0151822		
Date Assigned:	09/19/2014	Date of Injury:	11/10/2011
Decision Date:	11/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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:

This patient is a 61 year old female with an injury date of 11/10/11. No PR2 was submitted with the treatment request. This patient was seen during an Orthopedic Agreed Medical Evaluation. This patient complains of intermittent pain in the low back with pain radiating down her lower extremities to the feet. She reports that her lumbar pain is present most of the time and rated at 6-7/10 intensity, but with medication it decrease to a 2-3/10 intensity. Objective findings are:1. There is tenderness in the spinous processes at T10.2. There is pain and spasm with left and right rotation of the thoracic spine.3. There are two 4-inch surgical scars at the back and abdomen secondary to posterior fusion from L4 through S1 on January 15, 2014.4. The patient is wearing a back brace.5. The patient walks with an antalgic gait, favoring the left leg without the use of any aids.6. The patient is able to toe and heel walk with difficulty.7. The sacroiliac joint is slightly tender on the right.8. There is pain and spasm with left and right lateral bending, flexion, and extension of the lumbar spine.Primary diagnosis for this patient is spondylolisthesis. The latest report addressing work status is from the 7/09/13, which indicates: "Temporary total disability."The utilization review being challenged is dated 8/27/14. The request is for additional post-operative physical therapy 2 times 6 weeks for lumbar spine. An Orthopedic Agreed Medical Evaluation exam from 9/08/14 was also provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy two times six for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 26, Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with lumbar pain with pain radiating down her lower extremities to the feet. The treater requests additional post-operative physical therapy 2 times 6 weeks for lumbar spine. Regarding postsurgical treatment (fusion), MTUS guidelines allow for 34 visits over 16 weeks during the postsurgical treatment period of 6 months. Review of four submitted documents does not indicate the total number of post-operative therapy sessions this patient has received. However, the utilization review dated 8/29/14 mentions the "Claimant is had 26 sessions previously," thereby modifying and certifying the request for three additional session of physical therapy to allow full transition to a home exercise program (medical notes indicating the total number of post-op sessions, or have attended to date, are missing from this file, however). Although the request for an additional 12 sessions is beyond the 6 months fusion post-surgical physical medicine treatment period, MTUS guidelines does allow for 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. This patient not only reports the presence of lumbar pain most of the time; she is unable to sit or stand for more than 15 minutes before her pain symptoms increase. Also, she has not "driven since her lumbar spine surgery." Given the lack of any documentation of physical therapy received after the six months post-surgical period (post-op date of 1/15/14), an additional 8-10 physical therapy visits seems reasonable, however, the request for an additional 12 sessions exceeds the maximum number of 8-10 per MTUS guidelines is not medically necessary and appropriate.