

Case Number:	CM14-0022696		
Date Assigned:	06/11/2014	Date of Injury:	01/13/2009
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; an earlier lumbar fusion surgery in November 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 7, 2014, the claims administrator denied a request for eight sessions of physical therapy and a Posturepedic mattress. The claims administrator stated, somewhat incongruously, that this request was a first-time request for physical therapy following lumbar spine surgery, in its rationale. The claims administrator did not, however, incorporate cited guideline into its rationale for lumbar spine surgery. The applicant's attorney subsequently appealed. A January 16, 2014 progress note is notable for comments that the applicant reported mild low back pain two months removed from surgery. The applicant was reportedly doing very well and using only one Norco a day. The applicant felt that he needed a much firmer mattress as he felt that both his bed and sofa were not working. A Posturepedic mattress and a request for what appeared to be initial postoperative physical therapy were endorsed. In an earlier note of December 11, 2013, it was stated that the applicant was not yet receiving any postoperative physical therapy and that this would likely be obtained at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.3, a general course of 34 sessions of treatment is recommended following lumbar fusion surgery, the surgery which apparently transpired here. MTUS 9792.24.3.a.2 further states that an initial course of therapy following surgery should comprise of one-half of the number of visits specified in the general course of therapy. Thus, a 17-session course of treatment could have been supported here. The eight-session course proposed by the attending provider, thus, is within MTUS parameters. Therefore, eight sessions of physical therapy for the lumbar spine are medically necessary and medically appropriate.

POSTUREPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 18 th Edition, 2013, Low Back, Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sleeping Services section.

Decision rationale: The MTUS does not address the topic of mattress selection. As noted in the Third Edition ACOEM Guidelines, however, there is no recommendation for or against usage of mattresses or any other commercial sleep product. These articles are deemed, per ACOEM, to represent articles of individual preference as opposed to articles of medical necessity. Therefore, the request of Posturepedic Mattress is likewise not medically necessary.