

Case Number:	CM14-0026322		
Date Assigned:	06/13/2014	Date of Injury:	07/01/2010
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 37 year old male who was injured on 04/08/2005 and 07/01/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy which he reported helped him temporarily. The patient underwent removal of hardware, insertion of hardware, exploration of fusion, removal of foreign body hardware in the lumbar spine, anterior body fusion L4-L5, anterior body fusion L5-S1 and autograft with local bone on 10/16/2013. Progress report dated 01/17/2014 indicated the patient presented with complaints of lumbar spine pain which he reports is present all the time. The patient also complained of tingling over the lower extremity, right greater than left. Objective findings on exam revealed a lumbar spine surgical scar with stiffness. There was decreased sensation over the L4-L5 dermatomes over the right leg. Diagnoses are lumbar spine HNP with radiculopathy and status post back surgery. The patient was recommended to have a MRI of the lumbar spine, physical therapy, chiropractic, aqua therapy, work hardening. Prior utilization review dated 02/05/2014 states physical therapy for the lumbar spine- eight (8) visits was denied as he had 8 certified visits in 12/2013 with an unknown outcome of functional improvement. There is no recent documented functional improvement or establishment 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 FOR THE LUMBAR SPINE- EIGHT (8) VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy.

Decision rationale: As per ODG guidelines, Physical Therapy (PT) allows for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. For this patient, physical therapy is recommended post-surgically as 34 visits over 16 weeks. The medical evaluation report dated 10/7/2013 indicates that the patient has received physical therapy some time with no significant help. There is no documentation of the previously received PT in the term of visits number and improvement. Therefore, due to lack of documentation, the requested Physical Therapy for the lumbar spine 8 visits is not medically necessary.