MAXIMUS Federal Services

Case Number:	CM14-0029192		
Date Assigned:	06/16/2014	Date of Injury:	11/03/2012
Decision Date:	07/28/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pain Management, 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 patient is a 62-year-old with a date of injury of November 3, 2012. The listed diagnosis per [redacted] is degeneration of lumbar or lumbosacral intervertebral disk. According to progress report February 4, 2014 by [redacted], the patient presents with low back and leg pain with left thigh weakness. This patient is status post lateral L3-L4 interbody fusion in January of 2014. Progress report from February 4, 2014 indicates the patient continues with low back pain with leg and left thigh pain and weakness. Examination revealed well-healed wound, left thigh flexions and extensions were 3/5 and there was decreased pinprick over the anterior right thigh. The treating physician states patient's motor and sensory changes in the left thigh were the same as prior to surgery and "transient post-op symptoms were likely related to inflammation of the left psoas muscle that was penetrated and retracted during the procedure." Otherwise, the patient was noted to have significant improvement in his back and leg pain post surgery. Treatment plan included continuation of physical therapy, quantity 9. Utilization review denied the request on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to lumbar at [redacted]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: This patient is status post lateral L3-L4 interbody fusion in January 2014. The treating physician noted the patient's back and leg pain has significantly improved since surgery. The treating physician is requesting the patient undergo additional nine physical therapy sessions. There are no physical therapy notes provided for review. Utilization review indicates the patient was approved and has participated in 25 post-op physical therapy sessions. For post surgical guidelines following a fusion, the Chronic Pain Medical Treatment Guidelines recommends 34 visits over sixteen weeks. The patient has recently participated in 25 sessions and reported "significant improvement." In this case, the Chronic Pain Medical Treatment Guidelines allow for 35 visits following a fusion. The requested additional nine sessions are within the guidelines. The request for physical therapy to the lumbar at [redacted], nine sessions, is medically necessary and appropriate.