

Case Number:	CM14-0032073		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2000
Decision Date:	08/26/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 patient is an injured worker with date of injury of 05/24/2000. The patient was evaluated on January 27, 2014. The patient had complaints of back pain and bilateral leg pain. There was relief from spinal cord stimulation (SCS) and medications. Examination revealed multiple trigger points in the lumbar paraspinal musculature. There was right sacroiliac SI joint tenderness. Gait was antalgic. The SCS site was intact. The treatment plan recommended additional therapy. There was a request for cognitive behavioral therapy (CBT) as the patient was making progress with sleep hygiene. Physical therapy visits were documented for the dates 7/9/13, 7/11/13, 8/1/13, 8/20/13, 9/23/13, and 10/1/13. Operation report 8/29/12 documented the performance of anterior L5-S1 lumbar interbody fusion, and a diagnosis of L5-S1 degenerative disk disease. Progress note dated 08-12-2013 documented that the patient had completed half of 12 sessions of physical therapy, which were authorized. Review decision date was 02-19-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 8 weeks for the lower back QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Regarding Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical treatment utilization schedule (MTUS) 9792.24.3. Postsurgical Treatment Guidelines has postsurgical physical therapy guidelines for low back fusion. The physical therapy recommendation status post lumbosacral spine fusion is 34 visits over 16 weeks. The postsurgical physical medicine treatment period is 6 months. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Operation report 8/29/12 documented the performance of anterior L5-S1 lumbar interbody fusion. Physical therapy visits were documented for the dates 7/9/13, 7/11/13, 8/1/13, 8/20/13, 9/23/13, and 10/1/13. Progress note dated 08-12-2013 documented that the patient had completed half of 12 sessions of physical therapy, which were authorized. The exact number physical therapy visits was not present in the available medical records. Medical records do not document functional improvement from previous physical therapy. Operation report 8/29/12 documented the performance of anterior L5-S1 lumbar interbody fusion, and a diagnosis of L5-S1 degenerative disk disease. The postsurgical period has exceeded 12 months. Medical records do not support the medical necessity of additional physical therapy. Therefore, the request for physical therapy 2 times a week for 8 weeks for the lower back for 18 sessions is not medically necessary.