MAXIMUS Federal Services

Case Number:	CM14-0041259		
Date Assigned:	06/20/2014	Date of Injury:	07/21/2007
Decision Date:	07/18/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/14/2014

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 & 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:

The patient is a 30 year old with an injury date on 7/21/07. Based on the 1/20/14 progress report provided by [redacted] the diagnoses are: 1. thoracic strain. 2. shoulder impingement. 3. lumbar IVD syndrome. 4. ankle s/s. 5. p/s surgery. Exam of L-spine on 1/20/14 showed "pain/mospasm to palpation of the bilateral paravertebrals. Pain to palpation of sacroiliac joint. L-spine range of motion severely limited on extension at 10/30 degrees, and right lateral rotation at 12/45 degrees and left lateral rotation at 12/45 degrees. A straight leg raise test positive bilaterally. Sensation decreased at S1 dermatome on right." [redacted] is requesting 8 additional physical therapy sessions and 1 lumbar spine bone stimulator. The utilization review determination being challenged is dated 3/1/14 and modifies physical therapy request from 8 to 5 sessions as 12 already certified. [redacted] is the requesting provider, and he provided treatment reports from 9/3/13to 4/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with lower back pain radiating to bilateral lower extremities and feet and is s/p lumbar fusion surgery from 10/4/13. The treater has asked 8 additional physical therapy sessions on 1/20/14. As of 1/20/14, patient has not yet begun physical therapy. Review of the reports do not show any evidence of recent physical therapy. For postoperative physical therapy following lumbar fusion, MTUS recommends 34 visits over 16 weeks within 6 months of surgery. In this case, patient has not had postoperative therapy yet, and treater has asked for 8 physical therapy sessions which is appropriate for patient's post-operative lumbar reconditioning. Recommendation is for authorization.

1 lumbar spine bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, low back chapter online for: Bone growth stimulators (BGS).

Decision rationale: This patient presents with lower back pain radiating to bilateral lower extremities and feet and is s/p lumbar fusion surgery from 10/4/13. The treater has asked 1 lumbar spine bone stimulator but RFA not included in provided reports. On 11/19/13 report, treater advises bone stimulator but does not include explanation as to why it is needed. Patient does not have history of smoking, alcohol use, or osteoporosis. On 3/10/09, patient was affected with pregnancy-related diabetes which was resolved after childbirth per 11/11/10 PR-4. Regarding bone growth stimulators, ODG recommends case by case analysis, as limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). Criteria include: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, patient is healing well from recent lumbar fusion and her pregnancy-related diabetes is resolved with no recurrence. As patient does not present with any of criteria ODG indicates for bone stimulator use, requested bone stimulator is not medically necessary. Recommendation is for denial.