MAXIMUS Federal Services

Case Number:	CM14-0070759		
Date Assigned:	07/18/2014	Date of Injury:	05/13/2005
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 injured worker is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 30, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; unspecified amounts of physical therapy over the course of claim. In a Utilization Review Report dated April 18, 2014, the claims administrator failed to approve a request for 18 additional sessions of physical therapy. The applicant's most recent lumbar spine surgery reportedly transpired in March 2012, the claims administrator suggested. The postoperative physical therapy was apparently denied on the grounds that a concomitant request for revision laminectomy, exploration of fusion, and removal of fusion hardware has also been denied. The applicant's attorney subsequently appealed.In an April 2, 2014, the applicant reported persistent complaints of low back pain radiating into the left leg. The attending provider stated that the applicant's most recent lumbar spine surgery transpired on March 12, 2012 and this, in fact, represents the applicant's third such lumbar spine surgery. The attending provider sought authorization for repeat revision laminectomy and fusion surgery at L3-L4 and L4-L5 levels. The applicant was placed off of work in the interim. It appears that companion request for postoperative physical therapy was also submitted at the same time the request for the revision lumbar fusion surgery was also sought. The remainder of the file was surveyed. There was no evidence that the applicant had in fact undergone any kind of spine surgery in 2014. There was no evidence that spine surgery which is also the subject of dispute was ever authorized at any point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Post-Op Physical Therapy 3 x per Week x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Rehabilitation: Low Back, Page 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, page 80..

Decision rationale: The applicant's last spine surgery transpired in 2012; therefore the MTUS Chronic Pain Treatment Guidelines are applicable as the claimant is well outside any postsurgical physical medicine treatment period. The 18 sessions course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and/or myositis of various body parts. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider, it is further noted that page 80 of the MTUS Chronic Medical Treatment Guidelines stipulates that there must for some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the fact that the applicant is off of work, on total temporary disability, despite having unspecified amounts of physical therapy over the course of the claim suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier treatments. Therefore, the request is not medically necessary.