

Case Number:	CM14-0080496		
Date Assigned:	07/18/2014	Date of Injury:	10/24/2008
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 64 year-old male with a 10/24/08 date of injury. On the date of injury, the patient was sitting on the floor and reached over to pull a heavy box and felt popping in his back and had immediate pain. According to the 4/18/13 orthopedic spine report from [REDACTED], the patient is 9-1/2 months post anterior lumbar interbody fusion at L4/5 with backing out of a screw at L5 that is stable. [REDACTED] recommended a work-hardening program 3x4. On 5/5/14, [REDACTED] reviews [REDACTED] report and reiterates the request for work-hardening 3x4. On 5/13/14, UR reviews the 5/5/14 report and denies PT x12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

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

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

Decision rationale: The IMR request is for 12 sessions of PT, based on the 5/13/14 UR denial letter. The patient is a 64 year-old male with a 10/24/08 date of injury. On the date of injury, the

patient was sitting on the floor and reached over to pull a heavy box and felt popping in his back and had immediate pain. According to the 4/18/13 orthopedic spine report from [REDACTED], the patient is 9-1/2 months post anterior lumbar interbody fusion at L4/5 with backing out of a screw at L5 that is stable. [REDACTED] recommended a work-hardening program 3x4. On 5/5/14, [REDACTED] reviews [REDACTED] report and reiterates the request for work-hardening 3x4. The request for IMR for PT x12 unfortunately is not what [REDACTED] or [REDACTED] requested. They clearly requested a work-hardening program; but as written, the IMR request for PT x12 is not in accordance with MTUS guidelines. The patient is not in the postsurgical physical medicine treatment timeframe, so the MTUS chronic pain guidelines apply. MTUS states 8-10 sessions of PT are appropriate for various myalgias/neuralgias. The request for PT x12 will exceed MTUS guidelines. Therefore, the request for 12 sessions of physical therapy (PT) is not medically necessary and appropriate.