

Case Number:	CM14-0086887		
Date Assigned:	07/23/2014	Date of Injury:	09/14/2011
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 & Rehab, 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:

This patient is a 29 year old male with an injury date on 09/14/11. Based on the 02/04/14 progress report provided by [REDACTED] his patient still reports persistent low back pain. P.T., and acupuncture was of benefit in the past with current pain level is marked--7/10. Exam of this patient shows LS ROM 50% of expected, KJ/AJ (2+) bilaterally with no motor deficit. Progress report does reference a 04/04/13 MRI of the lumbar spine, which revealed: congenital central canal stenosis at L3-4 and L4-5, as well as degenerative disc disease at those levels along with facet arthropathy--diffuse epidural fat-manifestation of epidural lipomatosis. The utilization review being challenged is dated 05/20/14. The request is for physical therapy x 6 visits for the lower back. [REDACTED] is the requesting provider and he provided various progress reports from 11/21/13 to 04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 lower back: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This patient still reports persistent low back pain with difficulty walking per 02/04/14 report by [REDACTED], with marked current pain level of 7/10 per the 02/04/14 report by [REDACTED]. The treater is requesting six sessions of physical therapy for post-op lumbar rehabilitation. On page 3 of the 04/08/14 Qualified Medical Evaluation (QME) by [REDACTED], this patient was prescribed a very large number of physical therapy sessions and this claimant states that he underwent more than 20 sessions of physical therapy. However, no documentation was submitted regarding the treatment dates for the more than 20 sessions, except a reference by [REDACTED], on page 9 of that QME report about [REDACTED] from 07/18/12 through 02/13/12: it appears that this claimant has undergone extensive physical therapy, which is prior to the post-op date of 08/2013. Although the request for an additional 6 sessions is beyond the 6 months post-surgical physical medicine treatment period for MTUS guidelines in pages 25-26, pages 98-99 do allow for 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Given the lack of any documentation of physical therapy received after the 6 months post-surgical period (post-op date of 8/2013), the requested therapy sessions appear reasonable and 6 physical therapy visits meet the maximum number of 8-10 per MTUS guidelines; furthermore, this patient still reports benefits from treatment according to [REDACTED] and [REDACTED]. Recommendation is for authorization.