

Case Number:	CM14-0087097		
Date Assigned:	07/23/2014	Date of Injury:	12/23/2009
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
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 and 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 56-year-old with an injury date on 12/23/09. Patient complains of constant low back pain rated 5/10 per 4/14/14 report. Patient also has insomnia, and is taking Norco, Soma, Naprosyn, Neurontin, and topical creams per 4/11/14 report. Based on the 4/11/14 progress report provided by [REDACTED] the diagnoses are: 1. Neurogenic claudication, disc herniation and stenosis at L4-L5 and L5-S1 levels with bilateral lower extremities radiculopathy 2. status/post cervical fusion at C5 through C7 levels 3. Right upper extremity radiculopathy 4. status/post lumbar decompression and microdiscectomy Exam on 4/11/14 showed lumbar spine reveals improved range of motion. Ambulation is also improved. [REDACTED] [REDACTED] is requesting physical therapy 2 times per week for 4 weeks for the lumbar spine. The utilization review determination being challenged is dated 5/13/14 and denies request due to lack of documentation. [REDACTED] is the requesting provider, and he provided treatment reports from 11/11/13 to 6/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Adviser; Official Disability Guidelines-Disability Duration Guidelines.

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

Decision rationale: For postsurgical treatment following discectomy/laminectomy, MTUS allows 16 visits over 8 weeks within 6 months. In this case, the patient appears to have been attending postoperative physical therapy for at least 2 months, which at the rate of 2 times a week, would mean at least 16 sessions of physical therapy approved. As patient is showing improvement in range of motion and ambulation, the requested 8 additional physical therapy sessions exceeds what MTUS guidelines allow for the patient's post-surgical therapy following discectomy. Therefore, Physical Therapy 2 times per week for 4 weeks for the lumbar spine is not medically necessary.