

Case Number:	CM14-0140999		
Date Assigned:	09/10/2014	Date of Injury:	08/30/2010
Decision Date:	01/27/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 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:

The patient is a 53 year old male with an injury date of 08/30/10. Based on the 06/12/14 progress report, the patient is a post-operation status. The patient underwent a two-level lumbar inter-body fusion dated 03/24/14. The patient has minimal back pain and mildly diminished sensation in the left foot. Reflexes are symmetrical bilaterally at 2+. The diagnosis is L4-L5 and L5-S1 anterior and posterior lumbar inter-body fusion (03/27/14). The treatment plan is to have physical therapy and do same exercises at gym. The treating physician is requesting additional post-operative physical therapy per 06/12/14 report. The utilization review determination being challenged is dated 07/31/14. The requesting physician provided treatment report from 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Page(s): 25-26.

Decision rationale: This patient presents with chronic low back pain and is s/p 2-level lumbar fusion from 3/24/14. 6/12/14 follow up progress reports shows that the patient reports minimal

back pain and mildly diminished sensation in the left foot. The request is for Additional Post-Operative Physical Therapy. According to utilization review letter, the patient received 18 physical therapy sessions between 05/09/14-06/20/14. Per 06/12/14 report, the treater is "requesting additional physical therapy to avoid chronic back stiffness and pain and to promote normal function." This request was modified to 2 additional sessions. There is no request for authorization, discussion in progress reports or reference to the request on UR to know how many sessions are being requested. According to MTUS Guideline page 25 and 26, allows 34 visits of physical therapy for "postsurgical treatment (fusion)" over 16 weeks. In this case, the patient has had 18 sessions of post-operative therapy. The patient has been doing well, but the treater would like the therapy sessions to continue. However, the treater does not mention how many additional therapy sessions. Without knowing how many sessions are being requested, it cannot be considered as MTUS allows a certain number for post-operative treatments. MTUS require that the treating physician monitor the patient's progress (p8). The request IS NOT medically necessary.