

Case Number:	CM14-0181662		
Date Assigned:	11/06/2014	Date of Injury:	08/27/2013
Decision Date:	01/07/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 58-year-old male smoker who reported injuries due to a motor vehicle accident on 08/27/2013. On 10/02/2014, his diagnoses included displacement of lumbar intervertebral disc without myelopathy, and lumbago. On 05/22/2014, he underwent a bilateral hemilaminectomy at L3-4 with medial facetectomy and foraminotomy. On 07/18/2014, his treatment plan included a request for this injured worker to begin outpatient physical therapy 3 times a week for 4 weeks to regain strength and dynamic lumbar stabilization. On 08/29/2014, he reported that he had finished his physical therapy, and his walking had improved, although he still had some pain in his back. 12 additional sessions of physical therapy were requested to improve soft tissue mobility, decrease pain, and educate this injured worker on a home exercise program for self pain management. On 09/15/2014, an additional 12 sessions of physical therapy were requested to regain core strength and recondition the lumbar spine. It was noted that he had responded well to therapy, which was helping to increase his strength and range of motion postsurgery. On 10/02/2014, it was noted that he had no changes in progress since the prior visit. He had decreased strength, motion, and loss of sensation. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post operative physical therapy to the lumbar spine, three times a week for four weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for 12 additional post operative physical therapy to the lumbar spine, three times a week for four weeks as an outpatient is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. This injured worker had participated in either 24 or 36 postsurgical physical therapy sessions. The exact number is unclear from the submitted documentation. The 6 month postsurgical period ended 11/22/2014. The request as written did not account for any fading of visits. The number of visits requested exceeds the recommendations in the guidelines. He was no longer deriving benefits from physical therapy. Therefore, this request for 12 additional post operative physical therapy to the lumbar spine, three times a week for four weeks as an outpatient is not medically necessary.