MAXIMUS Federal Services

Case Number:	CM14-0193213		
Date Assigned:	12/01/2014	Date of Injury:	08/21/2013
Decision Date:	02/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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 date of injury 08/21/13. The treating physician report dated 08/26/14 (64) indicates that the patient presents with pain affecting upper, mid and lower back. The physical examination findings reveal persistent weakness in both lower extremities more so on the left than on the right. The examination also shows, diffusely tenderness throughout his the entirety of the lumbar spine. X-Rays demonstrate hardware in good position, fusion is not consolidating yet, there is no evidence of fusion mass, and no hardware is loosening. Prior treatment included thoracolumbar fusion/decompression and 10 sessions of physical therapy. The current diagnoses are: 1. Disc herniation behind L1 possibly extruded from L1-L2 versus T12-L1 2. Status post laminectomy and discectomy (failed due to excessive bleeding as well as dural tear) 3. Status post redoes anterolateral approach to the disc herniation through apparently a posterior approach 4. Cauda equine syndrome, now chronic 5. DVT, lower extremity, currently on Coumadin 6. Bilateral lower extremity weakness, biplegia (currently the patient is intact to bowel and bladder function) 7. Congenital stenosis T12 through S1 8. Cervical sprain/strain with radiation left upper extremity 9. History of DVT The utilization review report dated 10/28/14 denied the request for Physical Therapy based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine, 12 visits: 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 and 99.

Decision rationale: The patient presents with mid and low back pain. The current request is for Physical Therapy for the lumbar spine. The treating physician states the current request will help with core strengthening, trunk stabilization, balance training, and spinal rehabilitation. The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type conditions. In this case the treating physician has indicated that the patient has already completed 10 physical therapy sessions for this injury. The current request would exceed the MTUS guidelines and an open ended prescription with unknown sessions and duration is not a valid prescription within guideline criteria. Therefore, this request is not medically necessary.