

Case Number:	CM14-0203705		
Date Assigned:	12/16/2014	Date of Injury:	06/27/2006
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 62 year old male with an injury date on 06/27/2006. Based on the 11/05/2014 progress report provided by the treating physician, the diagnosis is:1. S/P L4-S1 fusion and decompression on 11/04/2014 According to this report, the patient complains of low back pain that is "about the same" and "pain is controlled, no PCA, night leg is numb." Treatment plan is "POD #1, doing fine, continue post-op care per [REDACTED], continue insulin protocol, and resume BP med when stable." The 11/10/2014 report contains a referral for home health, RN, physical therapy, and front wheeled walker. Patient is to be discharge today from [REDACTED]. The utilization review denied the request for 8 physical therapy session with "8 therapeutic procedures in 1 or more areas at 15 minutes" on 11/26/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/06/2014 to 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014 Preface

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Guidelines, Low Back Page(s): 25-26.

Decision rationale: According to the 11/10/2014 report, this patient is 5 days status post lumbar fusion and decompression of L4-S1 and is presents with low back pain. The current request is for physical therapy 2x week for 4 weeks for lumbar spine. The UR denial letter states "it is partiality certified for 8 physical therapy visits for the lumbar spine 97001, 97110 x4, and 72100." Regarding post-op fusion of the lumbar spine therapy treatments, the MTUS guidelines recommend 34 visits over 16 weeks with time frame for treatment of 6 months. In this case, given that the patient is status post 5 days and has not had any post-op therapy; the requested 8 post -op therapy sessions for the lumbar spine is supported by the MTUS. The request is medically necessary.