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| Case Number: | CM14-0204693 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 06/07/2013 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 Pain Medicine 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:

This is a male patient with a dated injury of June 7, 2013. A utilization review determination dated November 11, 2014 recommends non-certification of OT Lumbar. A progress note dated October 7, 2014 identifies subjective complaints of the patient having undergone a two level lumbar fusion from L4 to S1 on May 13, 2014. The patient denies any lower extremity symptoms, he still has some pain in his mid lumbar region across the back, the pain bothers him at night, and he feels like he needs his back to be popped. The patient has transitioned to a land-based physical therapy that he is attending twice a week and he is doing some exercises on his own. The physical examination identifies that the patient's posterior incision wound is well healed, and he has mild tenderness to palpation over the upper paraspinal muscles. The listed diagnosis is status post lumbar fusion. The treatment plan recommends additional therapy or even work hardening might be something that would benefit the patient in an effort to return him to his previous position. A progress note dated October 10, 2014 identifies that the patient is finishing up physical therapy in about 2 1/2 weeks. He has occupational medicine, but it has been recommended for him to start after that. A recommendation for work hardening might be placed in a month. The physical examination identifies a well healed surgical scar on the lumbar spine, there is lumbar tenderness, there is lumbar muscle guarding, and range of motion is restricted. The listed diagnosis is status post lumbar fusion L4 through S1 with some residual pain. The treatment plan recommends a trial of quazepam 15mg for the patient to try at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for occupational therapy (OT) lumbar, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy (PT). ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of an unknown number of PT/OT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the current request for OT Lumbar is not medically necessary.