

Case Number:	CM14-0208086		
Date Assigned:	12/22/2014	Date of Injury:	10/12/2010
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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, 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 patient with a date of injury of October 12, 2010. A utilization review determination dated November 18, 2014 recommends noncertification for physical therapy. Noncertification is recommended due to lack of documentation of objective deficits warranting skilled therapy, identification of how many PT sessions have been completed previously, and documentation of a functional response from those sessions. A progress report dated June 13, 2014 states that surgery was recommended but denied. The note indicates that a trial is pending regarding the insurance denial of surgery. A progress report dated October 28, 2014 states that the patient is experiencing low back pain and left leg pain. He is walking slow and shuffling. No physical examination or diagnoses are included. The treatment plan recommends physical therapy. An operative report dated September 5, 2014 indicates that the patient underwent L4-5 lateral recess decompression. A progress report dated October 10, 2014 states that the patient underwent surgery of his low back done under his own medical insurance. Physical examination findings reveal tenderness of the thoracic spine without spasm or tightness. There is also tenderness in the lumbar spine with muscle spasm. Strength is normal and sensation is decreased in the left leg in a nonspecific dermatomal distribution. Diagnoses include lumbago, lumbar disc displacement, lumbosacral neuritis, cervical disc displacement, and neuralgia. The treatment plan recommends follow-up with the neurosurgeon and continuing the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x \$Wks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 25-26.

Decision rationale: Regarding the request for physical therapy, Post Surgical Treatment Guidelines recommend 16 visits of physical therapy following surgery for lumbar discectomy/laminectomy, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it appears the patient does have some functional deficits including an abnormal gait and numbness in the lower extremity. Eight visits, as appears to be requested here, is a reasonable trial and in accordance with guidelines. Therefore, the currently requested physical therapy is medically necessary.