

Case Number:	CM15-0003088		
Date Assigned:	01/14/2015	Date of Injury:	01/19/2009
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on January 19, 2009. She has reported neck and back injury following a fall. The diagnoses have included status post lumbar fusion, and sciatica. Treatment to date has included medications, electrodiagnostic studies, and surgery. Currently, the IW complains of lower back pain with numbness and tingling to the toes. The records indicate radiological findings that reveal a bone graft is in place. The radiological studies are not available for this review. She continues to take Norco for pain, and uses a back brace for support. On January 6, 2015, Utilization Review non-certified physical therapy two (2) times weekly for six (6) weeks, for the lumbar spine, quantity #12, based on MTUS, ACOEM, and ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of physical therapy two (2) times weekly for six (6) weeks, for the lumbar spine, quantity #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks, Lumbar Spine Quantity: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

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

Decision rationale: This patient presents with sciatica and status post lumbar fusion dated 01/13/14. The request is for physical therapy two times a week for six weeks for lumbar spine on 12/30/14. MTUS pages 98, 99 have the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." For postsurgical treatment, MTUS pages 24 and 25 states 34 visits over 16 weeks and postsurgical physical medicine treatment period is 6months. In this case, the patient is s/p lumbar fusion from 01/13/14 and review of the reports does not show evidence of post-op therapy treatments. The current request for 12 therapy sessions are outside of post-operative time frame of 6 months. Per 12/11/14 report, the treater states we are going to start the patient on physical therapy two times a week for six weeks and see how she responds to the therapy. Given no evidence of therapy following the patient's surgery, and no recent evidence of any therapy, the current request would appear reasonable. The utilization review letter does not reference any recent therapy history. The request IS medically necessary.