

Case Number:	CM15-0004199		
Date Assigned:	01/15/2015	Date of Injury:	01/31/1972
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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 76 year old male who sustained a work related injury on January 31, 1972 after lifting flower beds and injuring his back. Diagnoses included lumbar spine sprain. In June 2013, he underwent a lumbar fusion. In November 2014, there were extensive postoperative changes in the lumbar sacral spine. He had received 32 physical therapy sessions since September 26, 2013. Currently, the injured worker presents with complaints of continued back pain aggravated by bending, prolonged standing and sitting and walking. Treatments also included pain medications. On December 26, 2014, a request for 12 sessions of physical therapy 2 times a week for 6 weeks for the lumbar spine was non-certified, noting the CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy 2 times a week for 6 weeks for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient presents with substantial back pain rated 5/10 and leg radiculopathies. The request is for 12 SESSIONS OF PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR. Patient is status post lumbar revision surgery 2013, date unspecified. Physical examination to the lumbar spine on 02/15/14 revealed diminished sensation to a left L5 and S1 dermatomal distribution. Patient's diagnosis includes patent fusion L1-S1, persistent severe muscle spasms, and potential adjacent segment degeneration at T12-L1. Patient's work status is not provided. MTUS page 25-26 regarding post-surgical guidelines for the low back allows for the following: Postsurgical treatment (fusion): 34 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. MTUS Chronic Pain Management Guidelines, pages 98,99 has 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." Patient is status post lumbar revision surgery 2013. MTUS page 25-26 regarding post-surgical guidelines for the low back allows for 34 visits over 16 weeks in 6 months period. Post-surgical physical therapy request for 12 sessions would be indicated. However, a decision based on guideline recommendations cannot be established without knowing the actual date of surgery, and treatment history. Furthermore, the request for 12 visits would exceed non-surgical guideline allowance. Therefore, the request IS NOT medically necessary.