

Case Number:	CM15-0007940		
Date Assigned:	01/23/2015	Date of Injury:	04/26/2013
Decision Date:	04/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

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 49-year-old male, who sustained an industrial injury on 4/26/13. He has reported low back and leg pain. The diagnoses have included lumbar radiculopathy, neurogenic claudication and spinal stenosis. Treatment to date has included a bilateral L4-L5 and L5-S1 partial laminectomy, physical therapy and oral medications. As of the PR2 on 10/17/14, the injured worker reported some back pain related to surgery. He stated he feels like his muscles in his legs are getting stronger. The treating physician is requesting physical therapy 2x week for 6 weeks for the lumbar spine. There are several physical therapy notes in the case file. On 12/26/14 Utilization Review non-certified a request for physical therapy 2x week for 6 weeks for the lumbar spine. The UR physician cited the MTUS guidelines for low back complaints and post surgical treatment. On 1/3/15, the injured worker submitted an application for IMR for review of physical therapy 2x week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per the 11/17/14 report the patient presents s/p 10/03/14 L4-S1 lumbar laminectomy. He has fallen due to the legs giving out. The current request is for PHYSICAL THERAPY 2X6 FOR THE LUMBAR SPINE per the 11/17/14 RFA. The patient is temporarily totally disabled until 01/03/15 and then light duty. Low Back (MTUS post-surgical p25, 26) intervertebral disc disorders without myelopathy postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. The patient is within a post-surgical treatment period. It appears this is an initial course of therapy, and the patient completed visit # 6 of this request on 12/23/14. The physical therapy treatment report states, "At this time the patient has made slow progress with therapy, though he has made positive gains. Over the last two visits he has been able to manage his pain a little better, though continues to be very limited by severe pain with sitting, standing, and walking. I feel that he would continue to benefit from PT to reduce his radicular symptoms and reduce his pain so that he can function during daily activities safely." In this case, the reports provided show that treatment has helped this patient and the requested number of sessions are within what is allowed by guidelines. The request IS medically necessary.