

Case Number:	CM15-0104426		
Date Assigned:	06/08/2015	Date of Injury:	07/06/2012
Decision Date:	08/27/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 6, 2012. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for 16 sessions of occupational therapy. The claims administrator referenced an April 30, 2015 discharge summary in its determination. The claims administrator noted that the applicant had undergone earlier lumbar fusion surgery on April 27, 2015. The claims administrator seemingly questioned the rationale for selection of occupational therapy in favor of physical therapy and then stated that the applicant did not have deficits in terms of self-care. The applicant's attorney subsequently appealed. In a discharge summary dated April 30, 2015, the applicant was discharged from the hospital after having undergone a lumbar fusion surgery on April 27, 2015. An earlier note dated March 31, 2015 was notable for commentary that the applicant had pending lumbar spine surgery. The applicant was placed off of work, on total temporary disability, on that date, while tramadol was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xWk x 8Wks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 16 sessions of occupational therapy for the lumbar spine was medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for postoperative occupational therapy following earlier lumbar spine surgery on April 27, 2015. The MTUS Postsurgical Treatment Guidelines support a general course of 34 sessions of postoperative therapy following lumbar spine surgery, as transpired here. MTUS 9792.24.3.a2 notes that an initial course of postoperative therapy represents one-half of the general course of therapy for the specified surgery. Here, thus, one-half of 34 treatments, thus, represents 17 treatments. The 16-session initial request for postoperative therapy, thus, represented treatment in-line with MTUS parameters. Therefore, the request was medically necessary.