

Case Number:	CM15-0135522		
Date Assigned:	07/23/2015	Date of Injury:	01/02/2013
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 60-year-old female who sustained an industrial injury on 01/02/2013 due to a fall. Diagnoses/impressions include status post L4-5 fusion secondary to acquired spondylosis (11/12/14) and residual low back pain. Treatment to date has included medications, physical therapy and bracing. Progress notes from various dates post-operatively stated the IW's pain was minimal and she had numbness in the right lateral foot. According to the progress notes dated 6/8/15, the IW reported occasional muscle aches and pains in the back. She was lifting up to 10 pounds. On examination, her motor function was good. She had a slight limp on the left leg. Her provider recommended she do Pilates and yoga to increase her core exercise. As per the PT attendance notes, the IW had attended 13 of 14 scheduled PT visits as of 6/12/15. X-ray of the lumbar spine on 2/9/15 showed no evidence of complications, status post L4-L5 pedicle screw fusion with stable mild anterolisthesis. A request was made for additional physical therapy three times a week for eight 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:

Additional physical therapy three times eight for the lumbar spine: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in January 2013 and underwent a lumbar fusion in November 2014 followed by post-operative therapy treatments. When seen, she had completed 11 treatment sessions. She was having occasional aches and pains. There was a slight limp. In physical therapy as of 06/02/15, she was having lower extremity numbness after driving for several hours. The plan of care was for an additional 8 treatments. Being requested is authorization for physical therapy 3 times per week for eight weeks. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits 16 weeks. However, goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant has already had physical therapy and has done well. Compliance with a home exercise program would be expected. The number of additional treatments being requested is in excess of the guideline recommendation and that recommended by the claimant's treating physical therapist and does not reflect a fading of treatment frequency. The request was not medically necessary.