

Case Number:	CM15-0139324		
Date Assigned:	07/29/2015	Date of Injury:	05/29/2012
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 29, 2012. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the lumbar spine. The claims administrator referenced an RFA form received on June 18, 2015. The claims administrator stated that the applicant had undergone earlier lumbar multilevel lumbar laminectomy surgery on January 27, 2015. The claims administrator contented that the applicant had had 24 sessions of postoperative physical therapy through the date of the request. The applicant's attorney subsequently appealed. On an RFA form dated June 18, 2015; six sessions of physical therapy and a multimodality interferential therapy device were endorsed. In an associated progress note of June 12, 2015, the applicant reported doing much better compared to preoperatively. The applicant was reportedly 50% to 60% improved. The applicant exhibited normal lower extremity motor function and a normal gait. Medications, work restrictions, and the interferential unit were endorsed. On July 24, 2015, the applicant was returned to regular duty work. The applicant was asked to follow up on a p.r.n. basis. It was stated that the applicant was doing very well and was in fact working and tolerating the same appropriately.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for six sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 as of the date of the request, June 18, 2015, following earlier lumbar laminectomy surgery of January 27, 2015. Per the claims administrator, however, the applicant had had prior treatment (24 sessions), seemingly in excess of the 16-session course suggested in MTUS 9792.24.3 following the lumbar laminectomy-diskectomy surgery in question. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c4 further stipulate that the frequency of physical therapy visits should be gradually reduced or discontinued as applicant gains independence in management of symptoms and with achievement of functional goals. Here, the progress notes of July 24, 2015 and June 12, 2015 suggested that the applicant was, in fact, trending favorably on those dates. The applicant was working with restrictions in place as of the June 12, 2015 office visit at issue. The applicant was described as exhibiting a normal gait and normal lower extremity motor function on that date. It appeared, thus, that the frequency of visits could have been appropriately reduced and/or discontinued, as suggested in MTUS 9792.24.3.c4, given the applicant's already successful return to modified duty work and lack of significant residual physical impairment present on that date. Therefore, the request is not medically necessary.