MAXIMUS Federal Services

Case Number:	CM15-0149620		
Date Assigned:	08/12/2015	Date of Injury:	04/03/2014
Decision Date:	09/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/01/2015

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 (LBP) reportedly associated with an industrial injury of April 2, 2015. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. The claims administrator referenced an RFA form received on July 15, 2015 and an associated progress note of July 1, 2015 in its determination. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery on February 17, 2015. The claims administrator stated that it was denying the request on the grounds that it did not have clear documentation as to how much prior physical therapy treatment had transpired through the date of the request. The applicant's attorney subsequently appealed. In a July 15, 2015 RFA form, 12 sessions of aquatic therapy were sought. In a physical therapy progress note dated July 20, 2015, it was state that the applicant had had nine sessions of aquatic therapy at this point in time. The applicant was off of work. It was stated that the applicant's job demands fell within the very heavy category and did involve extensive lifting tasks. On July 9, 2015, the applicant reported ongoing complaints of low back pain, 3/10. The applicant was no longer using medications. The attending provider suggested that the x-rays suggested that the applicant's fusion, thus far, was seemingly successful. Additional physical therapy was sought while the applicant was kept off of work, on total temporary disability.

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 for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 12 sessions of physical therapy for the lumbar spine was medically necessary, medically appropriate, and indicated here. The MTUS Postsurgical Treatment Guidelines support a general course of 34 sessions of therapy following lumbar fusion surgery, as seemingly transpired here. The applicant had reportedly had nine sessions of postoperative physical therapy through July 20, 2015 following earlier spine surgery on February 17, 2015. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c2 further stipulates that the medical necessity for postsurgical physical medicine for any given applicant is contingent upon a variety of applicant-specific factors, including comorbidities, prior pathology, and/or surgery involving the same body part, nature, number, and/or complexity of surgical procedures undertaken, and applicant's essential work functions, etc. Here, the applicant's therapist suggested that the applicant had very heavy physical job demands as a truck driver. Additional therapy, thus, was indicated to facilitate the applicant's return to work following lumbar fusion surgery in July 2015. The overall amount of treatment proposed by the attending provider was in-line with MTUS parameters. Therefore, the request was medically necessary.