

<b>Case Number:</b>	CM15-0186359		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 50-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 24, 2007. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve requests for Norco and physical therapy. A March 9, 2015 RFA form and February 25, 2015 date of service were referenced in the determination. The claims administrator did partially approve 6 of the 8 physical therapy treatments in question and also partially approved a request for Norco. The claims administrator did seemingly invoke the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. On February 25, 2015, it was stated that the applicant was pending lumbar spine surgery on March 13, 2015. Ongoing complaints of neck and low back pain were reported. The applicant was using Norco at a rate of three to four times daily. The applicant was using Prilosec once to twice daily and was also using Lidoderm patches and Zofran, it was acknowledged. The applicant had already undergone one failed lumbar spine surgery in August 2011, it was reported. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clear whether the applicant was or was not working as of this point. A two-month supply of Norco was endorsed. The treating provider's progress note did not seemingly make explicit mention of the need for physical therapy on this date. On April 29, 2015, the attending provider stated that the applicant had undergone revision of lumbar spine surgery on March 13, 2015. The applicant had developed postoperative DVT, it was acknowledged. 9/10 pain without medications versus 5/10 with medications was evident. The applicant was placed off of work, on total temporary disability, while Norco was renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions for the neck and back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** Similarly, the request for eight sessions of physical therapy was likewise medically necessary, medically appropriate, or indicated here. The claims administrator stated on its UR report that the request was associated with a date of service of February 25, 2015. On that date, the treating provider noted that the applicant was pending lumbar spine surgery on March 13, 2015. The request in question, thus, effectively represented a request for postoperative physical therapy following planned lumbar spine surgery. The MTUS Postsurgical Treatment Guidelines do support a general course of 34 sessions of treatment following lumbar fusion surgery, as seemingly transpired here, and further note in MTUS 9792.24.3.a2 that an initial course of postoperative therapy represents one half of the general course of therapy for specified surgery. One-half of the 34 treatments, thus, is 17 treatments. The request for 8 initial postoperative treatments, thus, was in line with MTUS parameters. Therefore, the request was medically necessary.