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| Case Number: | CM15-0204483 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 09/17/2014 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 43 year old male, who sustained an industrial injury, September 17, 2014. The injured worker was undergoing treatment lumbar disc disease, disc rupture at lumbar disc at L4-L5, lumbar radiculopathy, L5-S1 herniated nucleus pulposus and lumbar surgery July 9, 2015, for L5-S1 microdiscectomy. According to progress note of September 29, 2015, the injured worker's chief complaint was intermittent, dull and burning back pain. The injured worker rated the pain as moderate. The injured worker was off medications times one week according to the progress note. The injured worker was able to do activities of daily living and walk a quarter of a mile. The physical exam noted tenderness. The injured worker previously received the following treatments home exercise program, surgery, Norco, Flexeril and Metformin. The RFA (request for authorization) dated September 29, 2015; the following treatments were requested 18 sessions of physical therapy for the lumbar spine. The UR (utilization review board) denied certification on October 9, 2015; for 18 session of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: Review indicates the patient has history of arthrodesis at T10-L2 in 2010 with removal of pedicle screws in 2012. The patient also is s/p L5-S1 microdiscectomy on 7/9/15 without postop complications. There is a med-legal report dated 8/11/15 noting the patient had previous utilization review which denied request for surgery for disc extrusion and recommended epidural injections which was noted to provide some relief. The med-legal reviewer also noted surgical intervention was not recommended and for the patient to continue in a gymnasium therapy program. The patient was considered to be P&S at of the report date of August 2015 with permanent disability. Current request for 18 PT sessions was non-certified by peer reviewer noting lack of functional deficit without need for 18 visits. The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period without specifics for microdiscectomy. It has been over 4-1/2 months since the patient's minimally invasive procedure without noted complications to support for 18 PT visits. Submitted reports have not adequately demonstrated the indication to support for excessive visits of initial 18 physical therapy visits beyond the guidelines criteria of 16 sessions without extenuating circumstances documented. The patient is reportedly doing well and was off all medications, walking 1/4 mile daily. The 18 sessions of physical therapy for the lumbar spine is not medically necessary and appropriate.