

Case Number:	CM15-0052866		
Date Assigned:	03/26/2015	Date of Injury:	07/17/2009
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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 pain syndrome reportedly associated with an industrial injury of July 17, 2009. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for 24 sessions of physical therapy. The claims administrator noted that the applicant had undergone earlier lumbar fusion surgery. The claims administrator interpreted the request as a postoperative request but did not identify when the surgery in question transpired. A February 9, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a February 26, 2015 RFA form, the attending provider sought authorization for extension of a lumbar fusion procedure, exchange of the instrumentation, inpatient hospitalization, and postoperative physical therapy. In an associated progress note dated January 16, 2015, the attending provider maintained that the applicant had failed earlier lumbar fusion surgery, noted that the applicant remained obese with a height of 5 feet, 11 inches and a weight of 280 pounds, and was still using Norco, Dilaudid, OxyContin, morphine, Valium, and Opana. Three to four epidural steroid injections also had been performed, without relief. The attending provider suggested that a revision fusion surgery was therefore indicated. On February 9, 2015, the applicant received multiple medication refills from his primary treating provider. A weight lost program was suggested. Trigger point injections were performed. The attending provider maintained that the applicant was, at time, bedridden secondary to severe pain complaints. An intrathecal pain pump was proposed. The note was somewhat difficult to follow and mingle historical issues with current issues. The applicant was using a walker to move about. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Post-Operative Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for 24 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. Based on the documentation provided, it appears that this request represented a request for postoperative physical therapy following planned lumbar fusion surgery. While the postsurgical treatment guidelines in MTUS 9792.24.3 do support a general course of 34 sessions of treatment following lumbar fusion surgery, in this case, however, there is no evidence on file to support the proposition that the applicant has received approval for, has been scheduled for, and/or underwent the lumbar spine surgery which is also apparently the subject of dispute. It is further noted that MTUS 9792.24.3.a.2 also notes that an initial course of therapy represents one half of the number of visits for the general course of therapy for the specific surgery. Here, one half of 34 treatments, thus, represent 17 treatments. Thus, the request is not indicated as the request represents (a) treatment in excess of MTUS parameters and (b) the claimant has not received approval for, has not been scheduled for, and has not undergone the spine surgery, which is also the subject of dispute. Therefore, the request was not medically necessary.