

Case Number:	CM14-0143653		
Date Assigned:	09/12/2014	Date of Injury:	04/29/2009
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old male with a 4/29/09 date of injury; the mechanism of the injury was not described. The patient was seen on 7/11/14 with complaints of acute flare-up with deterioration of his back pain and spasms. The patient complained of constant 7-/8/10 low back pain at rest that increased to 9-10/10 with activities. He also complained of numbness in the left arm and hand and reported anxiety, stress and depression. Exam findings of the lumbar spine revealed tenderness and spasms at L3 through the sacrum, central tenderness and spasms over the facets. The range of motion was: flexion 10/60 degrees and extension 5/25 degrees with pain exacerbation. Straight leg raising test and tension sign were positive bilaterally and Bowstring test was positive on the left. The request for anterior posterior lumbar fusion at L4-L5 and 24 sessions of postoperative physical therapy (PT) was made. The diagnosis is cervical/lumbar/left knee sprain/strain, lumbar spinal stenosis and radiculopathy, brachial neuritis, right knee meniscus tear, anxiety and depression. Treatment to date: epidural steroid injections, work restrictions and medications. An adverse determination was received on 8/12/14. The request for Postop PT x 24 visits was modified to 17 visits given that the guidelines recommended initial course of 12 visits of post-operative PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOP PT X24 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is a lack of documentation indicating that the patient underwent the surgery. In addition, the UR decision dated 8/12/14 modified the request for Postop PT x 24 visits modified to 17 visits. It is not clear, if the patient accomplished the approved 17 postop visits of PT. Therefore, the request for Postop PT x 24 was not medically necessary.