

Case Number:	CM14-0147309		
Date Assigned:	09/15/2014	Date of Injury:	03/30/2001
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

The patient is a 52 year old female who was injured on 03/20/2001. The mechanism of injury is unknown. Prior treatment history has included lumbar epidural steroid injections, Lyrica, ibuprofen, Zanaflex, Percocet, albuterol, Wellbutrin and Protonix. Progress report dated 07/25/2014 states the patient presented post op her spinal surgery and reported difficulty with activities of daily living. On exam, she had swelling of her incision site with pain at L3-L5, L5-S1; right ilium pain and SI pain. The patient is diagnosed with lumbar spine sprain/strain; lumbar IVD displacement without myelopathy, and sciatica. She was recommended for 12 post-op sessions. Prior utilization review dated 08/07/2014 by [REDACTED] states the request for 12 Post Op Physical Therapy Sessions was modified to 8 Post Op Physical Therapy Sessions as recommended by guidelines. Patient had lumbar surgery 7/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST OP PHYSICAL THERAPY SESSIONS -- MODIFIED TO 8 POST OP PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy

Decision rationale: Patient had lumbar surgery 7/8/14. Guidelines state that general course is 16 visits over 8 weeks, initial course of care is 8 visits. If postsurgical physical medicine is medically necessary, an initial course may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. In this case, an initial course of 8 visits is appropriate. Without documentation of functional improvement, a subsequent course of therapy is not medically necessary.