

Case Number:	CM14-0163644		
Date Assigned:	10/08/2014	Date of Injury:	01/20/2011
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and earlier lumbar laminectomy/discectomy surgery on June 12, 2014. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator stated that the applicant had attended physical therapy and reportedly had six additional sessions of physical therapy remaining. In a progress note dated August 21, 2014, the applicant reported persistent complaints of low back pain. The applicant was walking for exercise. The applicant exhibited a normal gait. The applicant stated that she was satisfied with the progress thus far. It was stated that the applicant would like to return to her full and usual activities and that an additional 12 sessions of physical therapy were needed to facilitate the applicant's return to her usual and customary activity. The applicant's work status was not clearly stated on this occasion. The applicant was off of work, on total temporary disability, on June 26, 2014, it was acknowledged. The applicant's laminectomy and discectomy surgery transpired on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While this may or may not result in extension of treatment beyond the 16-session course recommended in MTUS 9792.24.3 following recent diskectomy/laminectomy surgery, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors, such as comorbidities and an applicant's essential work functions and also by commentary made in MTUS 9792.24.3.c.3 to the effect that physical medicine treatment may be continued up to the end of the postsurgical physical medicine period beyond the general course for the specific surgery in applicants in whom additional functional improvement can be accomplished. In this case, the attending provider has posited that additional functional improvement can be accomplished. The attending provider has posited that the applicant's gait had normalized/was normalizing on and around the date of the request but that the applicant still had residual strength and endurance deficits. Additional treatment is indicated to ameliorate the same, as suggested in Section 9792.24.3.c.3. Therefore, the request is medically necessary.