MAXIMUS Federal Services

Case Number:	CM15-0179153		
Date Assigned:	09/21/2015	Date of Injury:	11/21/2003
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 63 year old female, who sustained an industrial injury on 11-21-2003 She has reported subsequent low back pain and was diagnosed with lumbago status-post posterior lumbar interbody fusion with symptomatic hardware and status post removal of symptomatic lumbar spinal hardware from L5-S1 on 04-03-2015. Treatment to date has included oral and topical pain medication, physical therapy and surgery, which were noted to have failed to significantly relieve the pain. The number of physical therapy visits performed is unclear. The injured worker had removal of bilateral lumbar spinal hardware of L5-S1 performed on 04-03-2015. 12 visits of post-operative physical therapy were requested during a 04-14-2015 office visit. A physical therapy note dated 04-23-2015 was included for review and included short and long term goals to be worked on in therapy. During a 05-01-2015 office visit, the injured worker's post-surgical wound was noted to have a slight opening. Steri-strips were applied to the top of the wound and the physician noted that therapy would be held until the wound was completely closed. In a progress note dated 06-29-2015, the injured worker reported 5 out of 10 low back pain that was reported as unchanged. Objective examination findings showed tenderness of the lumbar paravertebral muscles with spasm and limited range of motion of the lumbar spine. The physician noted that the injured worker could continue with therapy. Work status was documented as permanently partially disabled. A request for authorization of 8 visits of physical therapy for the lumbar spine was submitted. As per the 08-13-2015 utilization review, the request for 8 visits of physical therapy for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine - 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Physical therapy.

Decision rationale: Physical therapy for the lumbar spine - 8 visits is not medically necessary per the MTUS Guidelines and the ODG. The ODG recommends assessment after a "six-visit clinical trial" of PT to evaluate evidence of functional improvement from prior therapy. The MTUS Post Surgical Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines recommend a fading of treatment frequency towards and independent home exercise program. The documentation indicates that the patient had 12 PT treatments for the lumbar spine, however the documentation is not clear on evidence of functional improvement from these sessions or why the patient cannot transition to an independent home exercise program. The request for PT for the lumbar spine is not medically necessary.