

Case Number:	CM13-0048209		
Date Assigned:	06/09/2014	Date of Injury:	12/03/2010
Decision Date:	04/03/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old female reported a work-related injury on 12/03/2010. According to the Primary Treating Physician's Orthopedic Spine Surgery Postoperative Follow Up dated 10/22/13, the injured worker reported postoperative low back pain, mostly right-sided, and right lower extremity symptoms. Diagnoses include status post removal of hardware. Previous treatments include medications and home exercise. The treating provider requests 12 physical therapy sessions and non emergent transportation for all sessions. The Utilization Review on 10/29/2013 modified the request for 12 physical therapy sessions to allow six (6) sessions and non-certified the request for non emergent transportation for all sessions, citing ODG and CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-Emergent Transportation to Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic) Chapter, Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Transportation.

Decision rationale: According to 10/22/2013 report, this patient is status post L5-S1 hardware removal on 10/02/2013 and "complains of post operative low back pain, primarily right sided." The current request is for non emergent transportation to physical therapy but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status was not mentioned in the provided reports. Regarding transportation, the ODG guidelines Knee chapter under transportation states, 'Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport.' In this case, there is no documentation that the patient is unable to self-transport. The treating physician does not mention that the patient has disabilities preventing her from self-transport; no discussion as to why public transportation is not feasible and no discussion regarding the patient's lack of social support. Therefore, the request for 4 weeks of Transportation IS NOT medically necessary.

Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering and the Restoration of Function Chapter, Physical Medicine Guidelines; and on the Non-MTUS ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to 10/22/2013 report, this patient is status post L5-S1 hardware removal on 10/02/2013 and "complains of post operative low back pain, primarily right sided." The current request is for 12 sessions of physical therapy but the treating physician's report and request for authorization containing the request is not included in the file. According to 10/22/2013 report, this patient is status post L5-S1 hardware removal on 10/02/2013 and "complains of post operative low back pain, primarily right sided." The current request is for 12 sessions of physical therapy but the treating physician's report and request for authorization containing the request is not included in the file. In reviewing the provided reports, the Utilization Review modified the request to PTx6 sessions and states "neither CA MTUS nor ODG provides a specific number of physical medicine visits status post hardware removal. ODG supports 10- 12 visits over 8 weeks for lumbosacral neuritis/radiculitis. CA MTUS Postsurgical Treatment Guidelines define 'initial course of therapy' as half the number of visits recommended as the general course of therapy following the specific surgery, with the remainder possible with evidence of functional gain. Recommendation: Certify initial course of post-op PTx 6 sessions." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, review of the available records show no recent therapy reports. The treating physician documented that the patient had a hardware removal procedure on 10/02/2013 and now "has post operative low back pain." Given that the patient had an aggravation/flare up of the low back due to the hardware removal, a short course of therapy is reasonable for the declined function or a flare-up of symptoms. However, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not

medically necessary.