

Case Number:	CM13-0010432		
Date Assigned:	03/10/2014	Date of Injury:	05/23/1997
Decision Date:	04/07/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 60 year-old female who was injured on 5/23/1997 from a slip and fall. According to the 7/10/13 report from [REDACTED], the patient presents with low back and neck pain. She manages her pain with Vicodin, gabapentin and naproxen. She has been diagnosed with chronic low back pain residual of 2 lumbar surgeries in 2005 and 2012, with L3-S1 fusion with residual paresthesia in the lower extremities; and cervical strain with intermittent radicular symptoms in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY LUMBAR SPINE AS AN OUTPATIENT:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient slip and fell in 1997 and underwent 2 lumbar surgeries, the most recent being in 2012. She currently presents with low back and neck pain. The physician has

requested 12 physical therapy sessions. The patient is not in the postsurgical physical medicine treatment timeframe as defined by the California MTUS guidelines, so the Chronic Pain Medical Final Determination Letter for IMR Case Number [REDACTED] Treatment Guidelines apply. These guidelines allow for up to 8-10 sessions of physical therapy for various myalgias and neuralgias. The request for 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the requested 12 sessions of physical therapy are not medically necessary or appropriate.