

Case Number:	CM13-0026483		
Date Assigned:	01/10/2014	Date of Injury:	02/23/2011
Decision Date:	06/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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:

Patient is a 51-year-old male who injury to the low back and the right thigh on February 23, 2007 when he tripped and fell. He continues to have chronic low back pain. Physical examination reveals good strength and normal sensation in the bilateral lower extremities with no numbness. He has been treated with physical therapy, medications to include narcotics, home exercises, aqua therapy, and Lidoderm patches. He continues to have pain. The patient had previous lumbar decompressive surgery. The patient had L2-3 and L4-5 decompressive surgery in May 2012. Recent Lumbar MRI does not reveal any evidence of significant spinal stenosis or instability. The patient continues to have chronic low back pain. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS TO THE LOW BACK QTY 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 104

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:

Decision rationale: The patient has been treated with physical therapy in the past. The medical records do not document any evidence of functional improvement with prior courses of physical therapy. In addition, it is unclear how many physical therapy sessions the patient is early had for the treatment of his chronic low back pain. This patient now has chronic postsurgical low back pain. The role of additional physical therapy and treating chronic postsurgical low back pain remains unclear. In addition, the medical records do not document that criteria for additional lumbar physical therapy aren't met. The patient is early had physical therapy in the medical records do not document any evidence of functional proven with physical therapy. Given the above and Official Disability Guidelines, Treatment In Workers Compensation the additional physical therapy is not medically necessary.