

Case Number:	CM13-0027404		
Date Assigned:	09/18/2014	Date of Injury:	09/15/1999
Decision Date:	10/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/20/2013

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, 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 61-year-old male with a 09/15/1999 date of injury, due to driving for many hours, 14-18 a day. s/p lumbar surgery in 2006. 11/21/13 determination was non-certified given only lumbar tenderness and no other physical exam findings. 7/25/13 progress report identified low back pain with numbness in the toes in the right side. Exam revealed muscle tenderness over the lower lumbar spine and sacral notches bilaterally. Range of motion was normal. There was an abnormal SLR. Diagnoses include s/p L1-2 fusion, s/p laminectomy at L3-L5, severe spondylosis L3-4, post-operative instability at L4-5, herniation with spondylosis and stenosis at L5-S1. Treatment to date includes medication, acupuncture, and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS, 2X4 TO THE LOW BACK, AS OUTPAIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[HTTPS://WWW.ACOEMPRACGUIDES.ORG/LOWBACK](https://www.acoempracguides.org/lowback): TABLE 2, SUMMARY OF RECOMMENDATIONS, LOW BACK DISORDERS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had a 1999 date of injury and a surgical procedure in 2006, where most likely physical therapy had been completed pre- and post-operatively. However, there was no indication if the patient had any recent therapy done, and if he had, what was the functional improvement from such. In addition, the examination findings presented did not clearly indicate functional deficits, as the range of motion, strength, and sensory exams were normal. In this context, it was not clear what the expected outcome from therapy was, including goals to be achieved. There is not sufficient documentation to establish the necessity of physical therapy at this point. The medical necessity was not substantiated.