

Case Number:	CM13-0028842		
Date Assigned:	11/01/2013	Date of Injury:	12/08/2009
Decision Date:	08/06/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine 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:

Patient is a 49 year-old female with date of injury 12/08/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2013, lists subjective complaints as pain in the low back which radiated down the left leg with associated numbness. Objective findings: Examination of the lumbar spine revealed spasms and tenderness along the paravertebral musculature. Range of motion was decreased due to pain. Straight leg test was positive. Diagnosis: 1. Displacement of lumbar intervertebral disc without myelopathy 2. Lumbosacral spondylosis without myelopathy 3. Spondylolisthesis. Patient underwent anterior lumbar interbody fusion of L5-S1 on 02/14/2012. Patient has attended acupuncture sessions (number not specified in records) and reported improvement. It is reported that the patient underwent postoperative physical therapy during the post surgical treatment period. Patient has also been approved for 16 sessions of physical therapy of which she has completed 10, to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The patient has already attended 10 of 16 approved physical therapy visits. she may have had an exacerbation of her previous lumbar problems, but the reason for ordering physical therapy at this time is not stated in the medical record. Therapeutic physical therapy for the low back is recommended as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. Given the above the request is not medically necessary.