

Case Number:	CM13-0029004		
Date Assigned:	11/01/2013	Date of Injury:	09/18/2008
Decision Date:	02/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 physician 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:

The patient is a 45-year-old female who reported a low back injury on 9/18/08 due to picking up garbage. The injury ultimately resulted in a lumbar fusion at the L4-5 and L5-S1 levels. The patient participated in 24 sessions of postoperative physical therapy. The most recent clinical evaluation included restricted range of motion secondary to pain, 5/5 lower extremity motor strength, and bilateral equal reflexes of the lower extremities with a negative bilateral straight leg raising test. The patient's treatment plan included continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for the lumbar spine twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The clinical documentation submitted for review states that the patient already participated in 24 visits of physical therapy. The California Medical Treatment and Utilization Schedule recommends up to 34 visits over 16 weeks in the postsurgical management

of a lumbar fusion without myelopathy. An additional 12 physical therapy sessions would exceed this guideline recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy for the lumbar spine twice a week for six weeks is not medically necessary or appropriate.