

Case Number:	CM13-0030689		
Date Assigned:	01/15/2014	Date of Injury:	04/26/2001
Decision Date:	03/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 39-year-old male with a listed date of injury of 04/26/2001. He was lifting two bundles of material and had a low back strain. He was diagnosed with a herniated disc and had back surgery. In 2001 or 2002, he had a discectomy. He had another discectomy a year later. Four to five years ago, he had a fusion and about 3 to 4 years ago, he had a laminectomy. On 07/19/2012 and on 09/20/2012 he had an office visit for post laminectomy syndrome. Medications were Prilosec, Voltaren gel and Celebrex. Straight leg raising was positive on the right. Strength was 4-5/5. Lumbar flexion was 75 degrees. From 08/29/2012 to 07/31/2013, he had at least 49 visits of physical therapy that included modalities (electrical stimulation, ultrasound, massage) for failed back surgery syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines (page not specified) and Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

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

Decision rationale: The Physician Reviewer's decision rationale: The patient had a lumbar injury in 2001 and 5 surgical lumbar procedures since. The last was about 4 years ago. The exact number of courses of physical therapy is not provided. He had at least 49 physical therapy visits from 08/29/2012 to 07/31/2013. He remains out of work. The MTUS chronic pain guidelines allow for a maximum of 10 visits. However, there must be objective documentation that physical therapy has improved the ability to do activities of daily living. This has not been documented. In addition, the requested 18 visits exceeds the maximum physical therapy visits in the guideline. By this point in time, the patient should have been transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program.