

Case Number:	CM13-0034974		
Date Assigned:	12/11/2013	Date of Injury:	05/23/1997
Decision Date:	11/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/16/2013

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:

The claimant was injured on 05/23/97. Physical therapy for 12 visits for the low back are under review. Her diagnosis is status post lumbar fusion. She was evaluated on 08/21/13. Her condition was stable. PT was being held until the results of x-rays were known. She reportedly was injured in several car accidents. X-rays on 08/13/13 of the low back revealed that she was status post fusion from L3-S1. There was no evidence of lumbar instability or acute abnormalities. She had decreased range of motion of the lumbar spine with negative straight leg raises. She had decreased sensation on the top of her feet and altered sensation in the anterior lateral thighs and knee areas. She had a slow gait due to back pain. She was diagnosed with residuals of 2 surgeries. A course of therapy was recommended and then she would reach MMI. A muscle stimulator was also ordered and she was given multiple medications. She was to continue her home exercises and stretching as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits (2 x 6) to the low back, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for 12 visits of PT for the lumbar spine status post fusion surgery. The claimant's history of postop care is unknown. X-rays were unremarkable, but showed evidence of fusion surgery. There was no evidence of instability or acute change. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that the claimant was already doing home exercises and stretching. There is no clinical information that warrants a course of supervised exercises for an extended period of time. There is no evidence that the claimant is unable to complete her rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 12 visits of physical therapy for 12 visits has not been clearly demonstrated.