

Case Number:	CM13-0038993		
Date Assigned:	12/18/2013	Date of Injury:	09/18/1995
Decision Date:	05/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury on 09/18/1995. The mechanism of injury was not provided. The documentation of 08/26/2013 revealed that the injured worker had complaints of increased pain in the sacroiliac joint and more difficulty with daily activities. The injured worker had tenderness in the lumbar paraspinous region with restricted range of motion. It was indicated that the injured worker was given 2 trigger point injections in the sacroiliac distribution. The diagnoses included status post lumbar fusion at L3-4 and L4-5, status post revision posterolateral fusion at L3-S1 with revision decompression of L5-S1 with iliac crest bone graft and instrumentation in 05/2009 and status post L3-S1 removal of posterior hardware and noninstrumented posterolateral fusion on 06/07/2011. The treatment plan included physical therapy 2 times per week for 4 weeks due to deconditioning. It was indicated that the injured worker had lost range of motion and needed to gain further strength in the hip, low back and lower extremities to enhance the healing process. Additionally, the request was made for Norco, zanaflez, Amitiza, Valium and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (4) WEEKS LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the injured worker had 3 back surgeries. The documentation indicated that the injured worker reported an injury in 1995. There was a lack of documentation of the quantity of prior therapy and the objective functional benefit that was received from the prior therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. There was a lack of documentation indicating that the injured worker had a flare up of her spine to support the necessity for physical therapy. Given the above, the requested physical therapy is not medically necessary at this time.