

Case Number:	CM13-0039440		
Date Assigned:	12/18/2013	Date of Injury:	05/20/2009
Decision Date:	02/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/28/2013

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 Arizona. 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 57-year old woman with a medical history of hyperlipidemia and diet controlled diabetes mellitus who is receiving medical care for work-related injury. The patient was initially injured on 5/20/09 during lifting of a heavy box with resulting low back pain. She eventually underwent surgical intervention on the lumbar spine for this injury on 2/8/10 (Lumbar laminectomy and disc excision) with subsequent physical therapy. She had a second injury while working during lifting of a heavy box on 4/18/12 and again required surgical intervention in 8/10 (L4-5 intervertebral fusion with bilateral pedicle screws) without subsequent physical therapy. She was again injured while working on 2/28/13 during repetitive bending and stooping to empty a box. Medical records were reviewed which included the Utilization Review denial, PR 2 form, multiple orthopedic evaluation and reviews dated 3/22/13, 4/3/13, 7/2/13, 9/24/13, 10/15/13 and 11/19/13. She was evaluated on 9/24/13 by [REDACTED] and found to have a Left L5 radiculopathy. The treatment plan included x-rays and an MRI and 12 sessions of Physical Therapy (PT). The imaging was done on 9/10/13 and showed satisfactory alignment of the spine and hardware with a disc bulge at T12-L1 and L3-L4. During the interview done on 10/15/13 by an orthopedic physician intermittent exacerbations of low back pain radiating to the left leg were noted at an intensity of 8/10. Exam at that time showed motor and sensation of bilateral lower extremities were equal with a decrease in the left ankle reflex. The patient at that time expressed interest in a home exercise program involving walking and noted she was able to do all of her ADLs. The utilization review denial approved 6 out of the 12 PT sessions on 10/10/13. It was noted in the UR denial that she had had 18 sessions of post-op PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient had three separate injuries resulting in low back pain with lumbar radiculopathy. She had surgeries on 2/8/10 and 8/10 with a subsequent physical therapy in 2011. She continues to have low back pain with exacerbations in intensity that radiate into her left leg. For this she participates in a home exercise program and takes both Lyrica and ibuprofen. She is able to perform ADLs. On 9/24/13 an additional 12 sessions of PT were prescribed by [REDACTED]. According to Postsurgical treatment guidelines section 9792.24.3 physical therapy is approved for the 6 months following surgical interventions of the lumbar spine. The patient continues to have chronic pain in the lumbar spine but is able to accomplish ADLs and pain is adequately managed. According to the MTUS, section on Chronic Pain, Physical Medicine pages 98 and 99, with regards to Physical Therapy it is appropriate to allow for a tapering treatment frequency that includes active self-directed home Physical Medicine. She has already participated in physical therapy and is involved in a home exercise program. The 12 sessions of physical therapy are not medically necessary.