

Case Number:	CM13-0050275		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2009
Decision Date:	08/01/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family 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:

This injured worker's date of injury is 10/24/2009. The details of the initial work related injury were not included in the medical documentation. This patient receives treatment for chronic low back. The medical diagnoses include: discogenic low back pain L2-L5 and s/p surgery on 02/05/2013 for artificial disc replacement L2-L5. The patient complains of a stretching pain in the lower back. X-rays of the lumbar spine show 3 artificial disc implants and muscle spasm. On exam there is a normal gait and there is decreased ROM of the lumbar spine. Motor strength is normal and sensation is intact. The medications include: Percocet 10/325, ibuprofen 800 mg, Valium 5 mg, and Ambien 10 mg. The patient is not working. The patient is receiving physical therapy. The request is for additional physical therapy, 2x/week x 6 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 6wks Lower Back: 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: This patient receives treatment for chronic low back despite discectomy and surgical implantation of 3 artificial discs. The medical documentation shows the patient received 22 visits of physical therapy as of the 07/31/2013 progress report. According to the MTUS Guidelines, physical therapy for myalgia and neuralgia should be for 8-10 visits over 4 weeks and then faded to include home exercises. Based on the documentation, the request for 12 additional physical therapy sessions is not medically necessary.