

Case Number:	CM13-0054387		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2013
Decision Date:	04/09/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Psychology 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 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:

This is a 32-year-old female who reportedly bent over and injured the low back in a work-related accident on 4/22/13. The claimant was documented to be status post L4-5 decompression with interbody fusion on 4/26/13, four days following the injury date. A recent clinical assessment by [REDACTED] dated 11/4/13 documented increased pain, stiffness, and weakness of the lumbar spine with 4/5 strength in the right leg in a global fashion. It was documented that the claimant had undergone a significant course of post-operative physical and aquatic therapy since the time of surgery. At present, there is a request for additional sessions of physical therapy with regard to the claimant's ongoing complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative 2009 and the CA MTUS Chronic Pain 2009 Guidelines, continued physical therapy in this case would not be

indicated. At the time of [REDACTED] recommendation the claimant was eight months from the time of surgical fusion and documented to have had a significant course of physical and aquatic therapy to date. Based on the claimant's current clinical records, there is no documentation to support the need for additional sessions of physical therapy in addition to the physical and aquatic therapy already utilized. There is no documentation to indicate that this claimant would not be a candidate to perform an independent home exercise program. The specific request would not be indicated as necessary.