MAXIMUS Federal Services

Case Number:	CM13-0056749		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2005
Decision Date:	08/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47-year-old male was reportedly injured on November 1, 2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note, a neurosurgical consultation, dated May 29, 2014, indicated that there were no particular physical complaints. The injured employee stated his pain was currently 0/10, and there were no radicular symptoms. The injured employee has continued physical therapy for core strengthening and work hardening of the last several weeks. No difficulties were noted with functioning at work on a modified work duties schedule. The physical examination demonstrated slightly decreased cervical spine range and lumbar spine range of motion. There was no tenderness to the lumbar paraspinal muscles, and there was a negative straight leg raise bilaterally. There was a normal upper and lower neurological examination. Continued physical therapy three times per week for another four weeks for core strengthening was recommended as well as a CT scan of the cervical and lumbar spine to assess fusion. Previous treatment included a C5-C6 anterior cervical discectomy and fusion performed on July 23, 2013, and an L4-L5 and L5-S1 anterior lumbar interbody fusion performed on December 12, 2013. A request had been made for 12 sessions of physical therapy for core strengthening and was not certified in the pre-authorization process on November 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR CORE STRENGTHENING:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009 Page(s): 98-99.

Decision rationale: According to the most recent progress note dated May 29, 2014, the injured employee has previously participated in recent physical therapy for core strengthening and work hardening regarding the lumbar spine, and efficacy has been noted with this treatment. At this point, the injured employee should be well-versed on what is required for therapy for core strengthening for the lumbar spine and should be up to continue this on his own at home with a home exercise program. Therefore, the request for 12 sessions of physical therapy for core strengthening is not medically necessary.