

Case Number:	CM13-0062679		
Date Assigned:	12/30/2013	Date of Injury:	12/28/2010
Decision Date:	07/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 injured worker is a 52-year-old man who was reportedly injured on December 28, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 19, 2003, indicates that there are ongoing complaints of low back pain. The injured employee has had a previous microscopic discectomy. The physical examination demonstrated decreased lumbar spine range of motion with spasms. There was a plan for a lumbar facet block, lumbar epidural steroid injection, followed by physical therapy. Diagnostic imaging studies objectified lumbar spine disk desiccation and facet arthropathy. A request had been made for physical therapy of the lumbar spine and was not certified in the pre-authorization process on November 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the medical record the injured employee has previously had a microdiscectomy performed on the lumbar spine and has almost certainly participated in previous PT both before and after this procedure. Considering this it is unclear why there is a third request for PT for the lumbar spine. This request for PT for the lumbar spine two times a week for four weeks is not medically necessary.