

Case Number:	CM13-0069598		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2011
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 48 year old female who reported an injury on 6/4/11 due to a trip and fall. Per the 11/25/13 progress report, the injured worker reported low back and bilateral sciatica pain rated at 8/10. The injured worker is status post fusion at L4-5 on 3/19/13. The injured worker completed 24 physical therapy sessions from 7/23/13 to 11/4/13 and had some relief with the use of a TENS unit. A bone stimulator was explanted on 11/20/13. Physical exam revealed a well healed lumbar post surgical incision. Diagnoses included postlaminectomy lumbar pain. The injured worker was recommended for additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and alleviating discomfort. The guidelines recommend allowing for fading of treatment frequency, plus active self-directed home physical medicine. The guidelines recommend 8-10 visits over four weeks for neuralgia, neuritis, and radiculitis. The medical records provided fail to establish the necessity for additional physical therapy sessions. The initial physical therapy evaluation from 7/23/13 notes decreased strength of the bilateral lower extremities and decreased sensation along the left L3-5 dermatome. The 11/25/13 clinical note did not provide an adequate and complete assessment of the injured workers functional condition. It was unclear if the injured worker made significant improvement over the course of the prior therapy. In addition, the request for an additional eight sessions exceeds guideline recommendations. As such, the request is not medically necessary.