

Case Number:	CM13-0071380		
Date Assigned:	01/08/2014	Date of Injury:	09/02/2009
Decision Date:	08/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/27/2013

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 Emergency 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:

The injured worker is a 63 year old female, who sustained an injury on September 2, 2009. The mechanism of injury was not noted. Diagnostics have included: EMG/NCV dated July 9, 2013 was reported as showing mild, chronic left L5 radiculopathy; Lumbar spine CT scan dated July 17, 2013 was reported as showing s/p laminectomies and fusions at L4-S1 with hardware; Lumbar spine MRI dated June 8, 2010 was reported as showing post-surgical changes and multi-level degenerative disc disease. Treatments have included: medications, physical therapy, lumbar laminectomies/fusions. The current diagnoses are: lumbosacral neuritis/radiculitis, lumbar post-laminectomy syndrome. The stated purpose of the request for physical therapy was not noted. Per the most recent report dated November 13, 2013, the treating physician noted that the injured worker complained of lower lumbar pain, with exam showing full lumbar range of motion, paralumbar tenderness, spasms and trigger points, negative right straight leg raising test, negative pelvic compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X WEEK X 3 WEEKS; LUMBAR SPINE 97001X1 97110X6:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: Per the ACOEM Guidelines, continued physical therapy is recommended with documented derived functional benefit. The injured worker has persistent lower lumbar pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. As such, the request is not medically necessary and appropriate.