

Case Number:	CM14-0009818		
Date Assigned:	02/21/2014	Date of Injury:	04/12/2008
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Hand Surgery 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 claimant is a 70-year-old man who was injured in a work related accident on April 12, 2008. The records provided for review included a handwritten progress report of January 17, 2014 noting subjective complaints of low back pain. Examination showed 50 degree of lumbar flexion and 10 degrees of extension with no other clinical findings documented. Referral for a course of physical therapy was recommended for the diagnosis of "postlaminectomy syndrome with peripheral neuropathy". The records did not contain any documentation of recent imaging and there was no documentation of when the claimant's surgical process took place or other forms of conservative care provided to the claimant postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT LUMBAR SPINE 2X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98-99

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, twelve sessions of physical therapy would not be indicated. The documentation indicates that this claimant has chronic pain with a current diagnosis of postlaminectomy syndrome; there is no documentation of an acute symptomatic flare or indication of recent treatment that would necessitate the need for twelve sessions of physical therapy at this stage in the claimant's chronic course of care. While the Chronic Pain Guidelines do recommend the use of physical therapy for acute symptomatic flare in the chronic setting, it is typically limited to nine to ten sessions for a diagnosis of myalgias or myositis. The claimant's diagnosis and the number of requested sessions do not meet the Chronic Pain Guidelines and the twelve requested sessions cannot be indicated as medically necessary.