

Case Number:	CM14-0104048		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2006
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 53-year-old male was reportedly injured on March 22, 2006. The mechanism of injury is noted as lifting a heavy beam. The most recent progress note, dated May 2, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the bilateral lower extremities. The physical examination demonstrated a well healed surgical incision at the lower back. The injured employee was able to perform heel and toe walking as well as squats. There was tenderness along the lumbar paraspinal muscles and spinous processes as well as positive left and right side straight leg raise at 40 degrees and decreased sensation over the L4, L5, and S1 dermatomes in the bilateral lower extremities. Medications prescribed are Deprizine, Dicopanol, Synapryn, Synapryn, and Tabradol. Diagnostic imaging of the lumbar spine dated June 8, 2014, shows a surgical fusion at L4-L5 and L5-S1 as well as a diffuse disc protrusion with effacement of the thecal sac at L3-L4. Previous treatment includes lumbar spine surgery. A request on June 19, 2014 for 12 visits of physical therapy for the lumbar spine was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - lumbar spine quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 288.

Decision rationale: The injured employee has had lumbar spine surgery and has performed preoperative and postoperative physical therapy for the lumbar spine. It is unclear as to why an additional 12 physical therapy visits of the lumbar spine was requested. There are no additional justifications for this request. Therefore, without additional justification, the request for 12 visits of physical therapy for the lumbar spine is not medically necessary.