

Case Number:	CM14-0104745		
Date Assigned:	07/30/2014	Date of Injury:	08/21/2012
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
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 and 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 30 year old female was reportedly injured on August 21, 2012. The mechanism of injury was undisclosed. The most recent progress note, dated June 3, 2014, indicated that the injured employee was continuing to improve after spine surgery on September 26, 2013, and is currently participating in physical therapy. Current medications included Cyclobenzaprine, Naproxen, and Norco. The physical examination demonstrated a normal examination of the lumbar spine. Diagnostic imaging studies of the lumbar spine reported a disc herniation at L5 through S1. Treatment consisted of continued physical therapy and transition to a fully independent home exercise program. Previous treatment included twenty four visits of previous physical therapy and a home exercise program as well as surgery, work restrictions, oral medications, and epidural steroid injections. A request was made for eight weeks of physical therapy and was not certified in the preauthorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy quantity requested: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated July 3, 2014.

Decision rationale: The Official Disability Guidelines (ODG) recommend sixteen visits of postsurgical physical therapy for a discectomy over eight weeks' time. According to the attached medical record, the injured employee has already completed twenty four visits of physical therapy and he has reported doing quite well. Considering this, the request for an additional eight visits of physical therapy is not medically necessary.