

Case Number:	CM14-0016761		
Date Assigned:	06/13/2014	Date of Injury:	11/15/2005
Decision Date:	07/15/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 50 year old male who reported an injury on 11/15/2005 of unknown mechanism of injury. The injured worker had a history of ongoing lower back pain. Upon examination on 12/11/2013 the injured worker lumbar had tenderness to palpitation at the paraspinal muscles and limited range of motion. The injured worker was deconditioned and demonstrated loss in range of motion and needs to gain further strength in order to enhance the healing process. The injured worker had diagnoses of chronic lumbar radiculopathy, chronic pain, opioid dependence, sleep disturbance. The diagnostic studies/surgeries and procedures were laminectomy and microdiscectomy, repeated microdiscectomy for recurrent disc herniation. The treatment received were 20 sessions of physical therapy for lumbar spine, home exercise, and medication. The medications were Oxycodone 30 mg, Norco 10/325 mg, Xanax 1 mg, and Soma 350mg. The treatment plan is for physical therapy two times per week times three weeks for lumbar spine. The injured worker should continue active physical therapy until maximum medical improvement had been reached with regard to strength, range of motion and overall conditioning and flexibility. The injured worker was to continue home exercise to increase range of motion and strength. The request for authorization form was dated 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK TIMES THREE WEEKS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for physical therapy two times per week times three weeks for lumbar spine is non-certified. MTUS guidelines recommend physical therapy 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The injured worker has had 20 sessions of physical therapy. However, the efficacy of the prior physical therapy was not documented. The request exceeds the guidelines recommendations. Furthermore, there is lack of documentation to the effectiveness of the home exercise and the frequency and relief of pain medications that are being taken. As such, the request is non-certified.