

Case Number:	CM14-0132618		
Date Assigned:	09/19/2014	Date of Injury:	05/22/2009
Decision Date:	10/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/19/2014

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 Texas. 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:

Medical records reflect the claimant is a 46 year old female who sustained a work injury on 5-22-09. The claimant underwent lumbar surgery in September 2014. MRI of the lumbar spine dated 6-3-14 notes there is metal artifact throughout the L4 vertebral body affecting visibility at the L3-L4 and L4-L5 levels which what appears to be pedicle screws. The central canal appears non stenotic. However, there is decreased visualization of the neural foraminal, particularly at the L4-L5 level. EMG/NCS performed on 6-24-14 showed mild chronic L5 radiculopathy on the right. Office visit on 7-10-14 notes the claimant is having exacerbation of pain. On exam, the claimant has tenderness, decreased range of motion. Tramadol was reviewed and prescription given for Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the lumbar spine 1 time per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant has had physical therapy in the past. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed postop. Therefore, the medical necessity of this request is not established.