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| Case Number: | CM14-0140849 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 02/08/2007 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Illinois. 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 51-year-old female who reported an injury on 02/08/2007. The worker was pulling a cart from a police van used by the crisis negotiation team which contained equipment weighing approximately 90 pounds. As she started to pull the cart out and it got stuck on the door of the vehicle on some rubber molding which jammed her back. The injured worker's treatment history included physical therapy, MRI studies, lumbar spine x-ray, and surgery. It was documented that the injured worker has been receiving physical therapy approximately since 02/13/2013 and that she was overall doing well in physical therapy. The injured worker was evaluated on 08/05/2014 and it was documented that the injured worker complained of persistent neck pain with some numbness in the right lower extremity, as well as low back pain. The injured worker was doing physical therapy for the cervical spine, but not the lower back. The lumbar spine physical examination revealed active range of motion, and flexion was 60% of normal, extension was 50% of normal, and lateral flexion was 50% of normal bilaterally. The injured worker was placed on modified work with no bending, twisting, and no lifting more than 25 pounds of weight. Diagnoses included a status post anterior and posterior approach L4-5-S1 fusion on 02/12/2012 bilateral lumbar radiculopathy, chronic low back pain, and urinary incontinence, low back pain radicular symptoms significantly improving post surgery, as well as her urinary continence also resolved post surgery of 02/12/2012. The request for authorization dated 08/14/2014 was for physical therapy; eighteen (18) sessions (3x6) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; eighteen (18) sessions (3x6), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has been receiving physical therapy since 02/13/2013 stating the injured worker was "over all doing well" with physical therapy treatment. The provider failed to indicate long-term functional goals. The request will exceed recommended amount of visits per the guidelines. Given the above, the request for physical therapy eighteen (18) sessions (3x6), for the lumbar spine is not medically necessary.