

Case Number:	CM14-0173789		
Date Assigned:	10/27/2014	Date of Injury:	04/18/2007
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Medicine and is licensed to practice in Ohio. 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 44 year old female who sustained a back injury on 4-18-2007 as a result of lifting a helium tank at work. She has had 3 back surgeries to include a fusion at L5-S1 in 2010, a thoracic microdiscectomy in 2012, and removal of lumbar hardware and re-grafting of screw holes on 5-30-2014. Prior to the last surgery, the physical exam revealed a positive axial load test, spasm of the lumbar musculature. On 6-17-2014 her pain was said to be improving, but there was a constant low back pain radiating to the lower extremities at a 5/10 level. No neurologic deficits were noted. On 9-23-2014 there was constant thoracic, left hip and low back pain. A request was made for an unspecified amount of physical therapy for the lumbar spine. The diagnoses include low back pain, lumbar radiculitis, and cervical discopathy. Recent medications have included a lidocaine patch 5%, Norco 10/325 mg 4 times a day, Soma 350 mg three times a day, and Neurontin 300 mg 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: unspecified # of sessions (lumbar spine): Upheld

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

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, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy (PT), specifically, for lumbar strains/sprains, 10 visits are allowed over 8 weeks. Post surgically, between 16 and 34 visits may be allowable depending on the surgery and diagnosis. In this instance, an actual quantity of physical therapy visits has not been specified. Prior physical therapy notes have not been included for review. Therefore, the medical necessity for an unspecified number of physical therapy visits for the lumbar spine cannot be established as there are no set guidelines to apply.