

Case Number:	CM14-0179942		
Date Assigned:	11/04/2014	Date of Injury:	09/19/2012
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a 61 year-old female with date of injury 09/19/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/05/2014, lists subjective complaints as pain in the low back. Injured worker is status post L3-4 and L4-5 laminectomy and repair of dural tear. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and decreased range of motion in all planes due to pain. No sensory or motor examination was performed. Diagnosis: 1. Discogenic syndrome, lumbar 2. Sprains/strains, sacroiliac region. Injured worker has completed 24 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy Sessions to the Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate

discomfort." Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. The medical record indicates that the injured worker has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the injured worker should have been taught exercises which are to be continued at home as directed by MTUS. The request for 8 Additional Physical Therapy Sessions to the Lumbar is not medically necessary.