

Case Number:	CM14-0029546		
Date Assigned:	06/16/2014	Date of Injury:	05/12/2003
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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:

The patient is a 57 y/o female, DOI 5/12/03. She has had spinal surgery consisting of a multilevel fusions L-L5. She has persistent low back pain with a recent flare resulting in an antalgic gait no neurologic deficits are identified. Updated x-rays revealed increasing diffuse spondylosis. Current treatment consists of moderate use of opioids (3-4 Vicodin per day) and Neurontin 600mg. BID. There is a request for 24 sessions of physical therapy which was modified in U.R. with an approval of 2 sessions to renew a home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE, 3 TIMES A WEEK FOR 8 WEEKS: Upheld

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

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

Decision rationale: The extent of prior physical therapy is not documented in the records reviewed; however the request is clearly for a flare-up after a remote surgery several years previous to this request. MTUS chronic pain guidelines encourage active physical therapy and

up to 8 sessions for chronic myofascial pain is recommended. The Guidelines do not specifically address a reasonable amount of therapy for a flare-up, but it would not exceed the 8 sessions recommended for chronic myofascial pain. Per MTUS Guidelines the full requested 24 sessions of therapy are not medically necessary.