

Case Number:	CM14-0033332		
Date Assigned:	06/20/2014	Date of Injury:	10/15/1991
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 was reportedly injured on October 15, 1991. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of low back pain and leg pain. Physical examination revealed the claimant to be 5'4" and 233 pounds. Flexion of the lumbar spine was 35. Palpation was non-focal. Passive extension and lateral rotation was positive at L4-L5 and L5-S1. Strength was active and passive motion was 4/5 on the left and 5/5 on the right. There was decreased sensation at L5-S1 dermatome left greater than the right to pinwheel. Diagnostic imaging studies were not available for viewing. Previous treatment included two level spinal fusion, radiofrequency ablation bilaterally at L4-L5 and S1, spinal cord stimulator implantation, previous facet joint injections with relief, status post L5-S1 laminectomy discectomy x 2, and physical therapy. A request had been made for a physical therapy assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ASSESSMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98, 99.

Decision rationale: The use of physical therapy in the acute phase or for acute exacerbations is supported. However, when noting the date of injury, the current findings on physical examination, the amount of care already completed, there is no clinical indication why this cannot become a home exercise protocol. Therefore, the physical therapy assessment is not medically necessary.

TREATMENT AS APPROPRIATE (DURATION AND FREQUENCY NOT SPECIFIED): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request is vague, nonspecific and there is no methodology whereby appropriate evidence-based parameters to be established. Therefore, the requested treatment is not medically necessary.