

Case Number:	CM14-0033693		
Date Assigned:	03/21/2014	Date of Injury:	03/08/1995
Decision Date:	06/09/2014	UR Denial Date:	03/07/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 70 year-old male who sustained an injury to his back on 03/08/95. The mechanism of injury was not documented. The most-recent clinical note dated 02/20/13 reported that the injured worker is status-post a reconstructive spinal procedure and is now experiencing severe aggravation of his pain with standing and twisting movements. He has participated in physical therapy. Per utilization review determination dated 03/07/14, a request for 12-24 additional visits of physical therapy was not certified, but modified certification of 6 additional physical therapy was recommended noting that the request exceeded guideline recommendations but that some additional treatment to transition the injured worker to a home exercise program would be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE THORACIC AND LUMBAR REGION, 12-24 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: It was determined that the patient was certified for 6 additional physical therapy visits, considering the complexity of his case, for treatment and instruction/release in to a home exercise program. California MTUS allows for up to six months of post-surgical physical medicine treatment period. The requesting provider noted that the injured worker had a dramatic response to therapy and recommended additional therapy to further strengthen the lumbar spine and help decrease the need for medications. It was determined that 6 additional physical therapy visits would be appropriate for instruction in and transition to a home exercise program, but the request for 12-24 additional therapy visits was excessive. There is no additional significant objective clinical information provided that supports the need for additional physical therapy visits.