

Case Number:	CM14-0054154		
Date Assigned:	07/07/2014	Date of Injury:	05/24/2004
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 California and Nevada. 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 58 year old female who sustained an injury to her low back on 05/24/04. Mechanism of injury was not documented. The injured worker was status post lumbar decompression and instrumented arthrodesis in 2005; redo discectomy and fusion in 2006. The injured worker also had a paddle- type epidural neurostimulator electrode insertion in March of 2012. Progress note dated 04/04/14 revealed that the injured worker continued to have low back pain. Physical examination noted buttock tenderness, decreased lateral bending and extension; neurological examination revealed cranial nerves 2-12 intact; deep tendon reflexes in bilateral lower extremities indicated 1/4 right, absent left. Treatment to date has included medications (Flexeril, Celebrex, MS Contin, Hydrocodone/Acetaminophen, and Gabapentin), post-operative physical therapy and work hardening program following the spine surgeries. The injured worker was recommended for additional 12 visits of physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, Physical therapy (PT).

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

Decision rationale: The previous request was denied on the basis that the injured worker had already completed extensive post-operative physical therapy and work hardening program following the spine surgeries. The injured worker also had a spinal cord stimulator. There was no updated discussion of recent physical therapy and no discussion of previous outcome from physical therapy. It was unclear the exact amount of physical therapy visits that the injured worker completed to date. The California Medical Treatment Utilization Schedule (MTUS) recommends up to 34 visits over 16 weeks not extending duration of six months for the diagnosed injury. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the California (MTUS) recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy one time a week times 12 weeks is not indicated as medically necessary.