

Case Number:	CM14-0059292		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2011
Decision Date:	10/01/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This is a male (age and date of birth were not provided) with an 11/18/11 date of injury; the mechanism of the injury was not described. The patient underwent lumbar laminectomy on 4/9/13. The patient was seen on 1/6/14 with complaints of intermittent low back and lower leg pain. Exam findings revealed normal gait with normal toe and heel walk and no tenderness or spasms in the lumbar and thoracic paraspinal muscles. The motor strength in the lower extremities was 5/5 in all muscle groups bilaterally and sensation was intact in the lumbar area and bilateral lower extremities. Cerebellar tests and vascular testing of the lower extremities were normal. The UR note indicated that the patient completed 32 sessions of physical therapy (PT) between 5/31/13-11/20/13. The diagnosis is postlaminectomy syndrome. Treatment to date: lumbar laminectomy, work restriction, medications and PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The UR note dated 4/22/14 stated that the patient accomplished 32 sessions of PT, however it is not clear to what area the treatment was performed. There is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, the request for physical therapy 3x6 did not indicate the area of the treatment and it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for PT 3x3 was not medically necessary.