

Case Number:	CM14-0059789		
Date Assigned:	07/09/2014	Date of Injury:	10/02/2001
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 10/2/01. The diagnoses include lumbar radiculopathy. The patient is status post L5-S1 fusion in 1988, as well as an L4-5 fusion in 2007. Under consideration is a request for physical therapy for the low back pain: 3x4. There is a 2/5/14 document that states that the patient has been determined permanent and stationary as well as being seen by an AME (Agreed Medical Evaluation) physician who has allowed future medical care to include the lumbar spine. The document states that when the physician first saw the patient first in December 27, 2013, upon the history of the injury, most of the treatment sustained to that date had been to the patient's right foot and ankle as she has undergone three separate surgeries to the right foot. Most of the postoperative therapy has been directed to the right foot and ankle not the lumbar spine. The last course of treatment she had to the lumbar spine was around 2007 the documenting physician writes. On the initial evaluation of December 27, 2013, she reported increased pain in the lumbar spine rated 4-9 out of 10 with radiation to her bilateral lower extremities, right greater than left down to her feet. Examination revealed palpable tenderness at the lumbar paravertebral and at the spinous processes. Gait was painful with numbness and tingling in the lower extremities. There was decreased in deep tendon reflexes on the right ankle jerks at 1+. There was decreased sensation at the right L5 dermatome. Motor power testing was normal at 5/5 in the lower extremities. Straight leg raise was positive on the right at 45 degrees. There was decreased range of motion in the lumbar function at 8 degrees, extension 7 degrees, left lateral bending 9 degrees and right lateral bending 12 degrees. There is a secondary treating physician report dated 4/4/14 that states that the patient is status post L5-S1 fusion in 1988, as well as an L4-5 fusion in 2007. According to documentation the

patient was referred to the documenting physician for a consultation on December 27, 2013, after having gone an extensive amount of postoperative therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions for the low back pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical therapy for the low back pain: 3x4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that there is a secondary treating physician report dated 4/4/14 that states that the patient is status post L5-S1 fusion in 1988, as well as an L4-5 fusion in 2007. According to documentation the patient was referred for consultation on December 27, 2013, after having gone an extensive amount of postoperative therapy to the lumbar spine. It is not clear how much therapy the patient has had for the lumbar spine. She should be versed in a home exercise program. The request exceeds the guideline recommendations of 10 visits for this condition. With the request in excess of guideline recommendations and without clear documentation of how much prior therapy the patient has had, the request twelve (12) Physical therapy sessions for the low back pain are not medically necessary and appropriate.