

Case Number:	CM14-0073741		
Date Assigned:	07/16/2014	Date of Injury:	11/04/2009
Decision Date:	08/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehabilitation and is licensed to practice in 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 53 male who was reportedly injured on November 4, 2009. The mechanism of injury is noted as pushing a pallet with his legs. The most recent progress note dated March 4, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness and spasms along the thoracic and lumbar spine paraspinal musculature. There was decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. The injured employee was advised to continue ongoing physical therapy. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a laminectomy/discectomy and fusion at L5-S1, postoperative physical therapy, home exercise, epidural steroid injections, and aquatic therapy. A request was made for physical therapy twice week for four weeks for the lower back and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Andrew Roth MD AME Re-eval dated 06/10/2012: Impression: Chronic back pain post laminotomy/discectomy and posterior interpedicular L5-S1 fusion. Future Medical: Access to Orthopedic Surgeon and Neurosurgeon

for next 5 years, access to medication, Lumbosacral corset and use of cane for acute flare ups of pain, weight loss program.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the medical record the injured employee has already participated in physical therapy and aquatic therapy after his previous lumbar spine surgery. There is no documentation regarding the efficacy of the previous therapy rendered. It is also noted that the injured employee is participating in a home exercise program. It is not stated why additional formal physical therapy is needed in addition to home exercise. For these multiple reasons this request for physical therapy twice a week for four weeks for the lower back is not medically necessary.