

Case Number:	CM14-0074617		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2011
Decision Date:	09/23/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 55 year old female whose date of injury is 09/19/2011. The injured worker was working when a 50 pound metal bar struck her in the lower back and left hip area. Treatment to date is noted to include chiropractic treatment, physical therapy, electrical stimulation, epidural steroid injection x 3 and medication management. Surgery order dated 04/11/14 indicates that diagnosis is spinal stenosis L3-L5. She was recommended to undergo decompressive laminectomy, facetectomy and posterior spinal fusion L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for therapeutic exercises is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration of the requested treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals

provided. The number of therapy visits completed to date is not documented. Given the lack of supporting documentation, medical necessity for the request cannot be established in accordance with CA MTUS guidelines.