

Case Number:	CM14-0076185		
Date Assigned:	07/16/2014	Date of Injury:	04/04/2006
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation 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 52-year-old female who sustained injury on 04/04/2006 when she sat down hard in her chair at work and the chair broke causing injury to her lower back. Treatment history includes physical therapy, injections, and medications. She had three lumbar spine surgeries including two micro discectomies and fusion at L5-S1. She had postoperative physical therapy after the surgery and returned to work. A progress report dated 04/08/2014 indicates she presented with complaints of right sided lower back pain, left lower extremity pain, and right lower extremity pain. On examination, patient ambulates without a device. Gait of the patient is normal. Lumbar spine exam showed surgical scar well healed. Range of motion was restricted with extension, right lateral bending and lateral rotation of the left and lateral rotation to the right. Patient was examined for the following; paravertebral muscles, tenderness noted on the right side. Straight leg raising test was positive on both the sides in sitting at 90 degrees. Motor: Normal appearance, tone and strength of muscles. Sensory: Grossly intact without noted deficits. Diagnoses were status post prior fusion, L5-S1 with chronic left lower extremity radiculopathy in the L5 distribution; 4 mm disc protrusion lateralizing to the left, L4-5, with spondylosis and facet arthropathy; and 6 mm posterior disc protrusion with moderate narrowing of the left L5-S1 neural foramen. The patient was recommended physical therapy 10 sessions to work on stabilization exercises and deep tissue massage to help with myofascial release. UR report dated indicates that the request for 10 sessions of physical therapy to be modified to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG; Anthem blue Cross medical Policies and Clinical UM Guidelines; National Guideline Clearing House; U.S. Department of Health and Human Services Institute of Health Guidelines.

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

Decision rationale: Medical records reflect a claimant with post laminectomy syndrome and chronic pain complaints who is being treated with medications. There is a request for additional physical therapy x 4 sessions. This claimant has completed postop physical therapy and therapy at this juncture, so far removed from the original injury and from the surgeries is not supported. There is an absence in documentation noting the claimant cannot perform a home exercise program. Therefore, prior determinations is upheld. The requested physical therapy is not reasonable or medically indicated.