

Case Number:	CM14-0077223		
Date Assigned:	07/18/2014	Date of Injury:	06/08/1988
Decision Date:	09/11/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency 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:

The injured worker is a 53 year-old male, who sustained an injury on June 8, 1988. The mechanism of injury is not noted. Diagnostics have included: September 26, 2013 urine toxicology reported as none detected. Treatments have included: cervical fusion, lumbosacral fusion, physical therapy, medications. The current diagnoses are: s/p cervical fusion, cervical radiculopathy, s/p lumbar fusion, lumbar post fusion syndrome, chronic low back pain. The stated purpose of the request for Physical therapy, Quantity 12, was not noted. The request for Physical therapy, Quantity 12, was denied on May 19, 2014, citing a lack of documentation of derived functional improvement from completed therapy sessions. Per the report dated May 1, 2014, the treating physician noted complaints of chronic low back pain. Exam findings included cervical and lumbar tenderness with spasm and limited range of motion, motor weakness and pain to the L4-5 distribution, positive bilateral straight leg raising tests and Laseque tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, Quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Physical Therapy.

Decision rationale: CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has persistent lower lumbar pain. The injured worker has chronic low back pain. The treating physician has documented cervical and lumbar tenderness with spasm and limited range of motion, motor weakness and pain to the L4-5 distribution, positive bilateral straight leg raising tests and Laseque tests. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy, Quantity 12, is not medically necessary.