

Case Number:	CM14-0079743		
Date Assigned:	07/18/2014	Date of Injury:	08/26/2004
Decision Date:	09/11/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational 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:

This patient is a 49-years old female who developed low back pain subsequent to a lifting injury on 8/26/04. She was treated with therapy and facet rhizotomies without lasting benefits. She subsequently underwent spinal surgery in July of 2012 with an L4-5 artificial disc and an L5-S1 fusion. A cause of post-operative therapy is described, but details are lacking regarding the length and amount of surgery. The medical records sent for IMR review are only AME evaluations of greater than 1 year ago, the treating physicians notes are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS Guideline support extensive post-operative therapy status post arthroplasty. However, the recommended post-operative period lasts up to 6 months post-surgery and surgery is documented to have been performed 2 years ago. This request appears to be for a possible flare-up, but it is reasonable to expect that prior therapy has successfully instructed the patient in a home exercise program and self-protective behaviors. A few sessions

of therapy may be reasonable under these conditions, but the extensive request for 12 sessions exceeds Guideline. There are no documented unusual circumstances to justify an exception to Guideline recommendations. The request for 12 sessions of therapy is not medically necessary.