

Case Number:	CM14-0083687		
Date Assigned:	07/21/2014	Date of Injury:	03/10/2006
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 Management and is licensed to practice in Tennessee. 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:

Patient is a 48-year-old female who has submitted a claim for status post lumbosacral fusion with recent hardware removal, lumbar discogenic disease, chronic low back pain, intractable pain, and right knee internal derangement associated with an industrial injury date of 03/10/2006. Medical records from 2011 to 2014 were reviewed. Patient complained of chronic low back pain status post lumbar fusion. Physical examination of the lumbar spine showed a well-healed surgical incision, tenderness, spasm, and painful and restricted range of motion. Lasegue's test was positive bilaterally. Sensation was diminished at the bilateral L5-S1 level. Straight leg raise test was positive bilaterally. Waddell sign was evident. Treatment to date has included the removal of lumbar spine hardware, exploration of fusion mass, and augmentation of fusion at L4-L5 and L5-S1 on 04/26/2013, physical therapy, acupuncture, use of a transcutaneous electrical nerve stimulation (TENS) unit, and medications. Utilization review from 05/16/2014 denied the request for Physical Therapy 2x6 for The Lumbar Spine. Reasons for the denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state physical medicine is recommended and that a given frequency should be tapered and the patient should transition into a self-directed home program. In this case, the patient complained of persistent low back pain status post lumbar fusion on 04/26/2013. He completed a course of post-operative physical therapy; however, the number of sessions attended and functional outcomes were not documented. There was no indication within the documents submitted to support the re-enrollment in a supervised physical therapy program. Therefore, the request is not medically necessary.