

Case Number:	CM14-0088433		
Date Assigned:	07/25/2014	Date of Injury:	02/22/1990
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 58-year-old female who was reportedly injured on 2/22/1990. The mechanism of injury was noted as lifting a package overhead. The injured worker underwent a lumbar spine fusion from L2-L5 on 6/7/2012, which was complicated by a wound infection and pseudoarthrosis. The most recent progress note dated 11/12/2013, indicated that there were ongoing complaints of generalized pain in the lumbar spine. Physical examination demonstrated 15 cm midline lumbar scar and tenderness to the paralumbar areas with spasms, positive straight leg raise test, and ambulation without assistive device. Imaging studies demonstrated a pseudoarthrosis at L4-L5 for which a bone growth stimulator had been ordered between January and March 2013. As a special note, the claimant was a heavy smoker. Previous treatment included chiropractic care, physical therapy and a multi-disciplinary pain program. A request was made for physical therapy (track 1 program) 2 times a week for lumbar spine for an unknown duration, which was not certified in the utilization review on 5/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Track 1 program) 2 X week for lumbar spine (unknown duration):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98, 99.

Decision rationale: The injured worker is with a pseudoarthrosis after a lumbar spine fusion and who continues to suffer from chronic low back pain. California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. Treatment guidelines do not support current request for physical therapy 2 times a week for an unknown duration. As such, this request is not considered medically necessary.