

Case Number:	CM14-0095013		
Date Assigned:	07/25/2014	Date of Injury:	04/03/2006
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 04/03/2006 but the mechanism of injury was not addressed. Current diagnoses include status post decompression and posterior fixation at L4-5 and status post anterior lumbar discectomy and fusion at L4-5. The injured worker was evaluated on 05/20/2014 with complaints of increasing lower back pain. Physical examination revealed tenderness to palpation, limited lumbar range of motion, normal motor strength in the bilateral lower extremities, and intact sensation. X-rays of the lumbar spine obtained in the office on that date indicated a solid fusion across L4-5. Plans for treatment included physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 X wk X 6 wks, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

Decision rationale: The California MTUS Guidelines state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks." There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. Therefore, the current request for 12 sessions of physical therapy also exceeds guideline recommendations and is considered not medically necessary.