

Case Number:	CM14-0190068		
Date Assigned:	11/21/2014	Date of Injury:	09/19/2012
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain Management 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 49 year-old female, who was injured on September 19, 2012, while performing regular work duties. The mechanism of injury is not provided within the records for this review. A laboratory report from June 11, 2014, is provided for this review. An evaluation on July 11, 2014, indicates the injured worker continues to have persistent pain in the low back with radiation, numbness and tingling down the leg; failed conservative treatment, and ambulates with the use of a cane. The records do not indicate conservative treatment included physical therapy, chiropractic care, acupuncture, bracing, medications, and epidural injections. On August 7, 2014, the injured worker underwent a laminotomy foraminotomy, and epidural steroid injection. An evaluation on October 17, 2014, indicates the injured worker is two (2) months post back surgery; no longer using assistive devices to walk; and has not undergone therapy. The request for authorization is for physical therapy three (3) times weekly for four (4) weeks, for the lumbar spine. The primary diagnosis is degeneration of cervical intervertebral disc. Additional diagnoses are spinal stenosis, and radiculopathy. On October 23, 2014, Utilization Review provided a modified certification of physical therapy three (3) times weekly for three (3) weeks then one (1) time a week for a total of ten (10) sessions, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 4WKS, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12.

Decision rationale: Regarding the request for physical therapy three times a week for four weeks, lumbar spine, California MTUS supports up to 16 sessions after lumbar spine surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of physical therapy recommended by the California MTUS for an initial trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy three times a week for four weeks, lumbar spine is not medically necessary.