

Case Number:	CM14-0192029		
Date Assigned:	11/25/2014	Date of Injury:	11/01/2001
Decision Date:	01/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Board Certified Orthopedic Spine Surgeon, 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 62-year-old female who reported an injury on 11/01/2001. The mechanism of injury was reportedly an industrial injury. Her diagnoses included severe scoliosis and post laminectomy syndrome. Her past treatments were noted to include surgery, medication, and physical therapy. The injured worker's surgical history included a 2 level spinal fusion in 2003, lumbar fusion from the L4 to the S1 on an unspecified date, and reconstruction and destabilization at the T12 on 04/03/2014. Also, the injured worker had an intrathecal pain pump placed in 2004 and replaced in 2011. The Clinical Encounter Note dated 10/23/2014 indicated the injured worker complained of back muscle spasms with low back pain and hip pain. The patient reported her pain level as 8/10 with 7/10 being the least amount of pain and a 10/10 being her worst pain. Her current medications included Baclofen 10 mg, Clonazepam 1 mg, Hydromorphone 2 mg, Oxycodone 30 mg and Carisoprodol 350 mg. The treatment plan included continued medications. The request was for physical therapy x12 for the lumbar spine; however, the rationale for the request was not included for review. The Request for Authorization form dated 10/27/2014 was included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for physical therapy x12 for the lumbar spine is not medically necessary. The California MTUS Guidelines for postoperative physical therapy indicate a total of 16 visits over 8 weeks for postsurgical treatment of discectomy/laminectomy to promote functional gains and provide instruction in a home exercise program. The documentation indicated the injured worker's most recent surgery was on 04/03/2014. It was indicated that the injured worker participated in prior physical therapy sessions; however, details regarding the number of visits completed to date and whether there was objective functional improvement were not provided in the documentation submitted. The clinical documentation submitted also failed to provide evidence of an established home exercise program to further assist with increase in functionality. In the absence of these details, the need for additional physical therapy cannot be established. As such, the request for Physical Therapy x12 for the lumbar spine is not medically necessary.