

Case Number:	CM14-0207301		
Date Assigned:	12/19/2014	Date of Injury:	01/29/2001
Decision Date:	03/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 was a 66 year old female, who sustained an on the job injury January 29, 2001. The injured worker was reaching for some books in a closet and fell backwards injuring the lower back and upper extremities. In May of 2007, the injured worker underwent a repeat laminectomy at the fifth lumbar with fusion and microdiscectomy at L4-L5. The injured worker attended inpatient rehabilitation which improved the mobility status. In February of 2003, the injured worker underwent additional laminectomy and fusion of L2-L4. Radicular pain continued after the surgery. The injured worker has had several epidural injections for pain control. On July 19, 2014, MRI of the spine, which according to the progress note of September 23, 2014, showed no real changes. The injured worker was showing no motor or sensory deficits on examination of the lower extremities. The injured workers range of motion was slightly decreased for age and normal secondary to pain reproduction. The provider was suggesting further physical therapy to work on posture to decrease pain. In the documentation submitted for review failed to provide past physical therapy progress reports to support functional improvement, decreased pain medication, need for decreased medical support or the number of physical therapy visits the injured worker had already received. On November 12, 2014, the UR denied authorization for physical therapy 2 times a week for 6 weeks for the lower back. The denial was based on the MUTS guidelines for physical therapy recommendations of up to 34 visits over a 16 week for the diagnosed injury not to exceed 6 months. The documentation submitted did not support the need to exceed the MTUS guidelines or medical necessity for further physical therapy was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6-8 for the low back ASSOCIATED SERVICES OF A SURGERY:

Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. As the requested physical therapy of 12 to 16 visits exceeds the recommendation, the determination is for non-certification.