

Case Number:	CM15-0102605		
Date Assigned:	06/05/2015	Date of Injury:	05/29/2009
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 39 year old female who sustained an industrial injury on May 29, 2009. She has reported pain in the lower back and has been diagnosed with Post traumatic stress disorder, major depression-marked, generalized anxiety disorder with phobia of driving in a care, recurring pain to her lower back and lower extremities, at times radiating up to her head; ambulation limited to a walker or a cane. Treatment has included medications, surgery, and physical therapy. In November of 2014 she had a back decompression involving the removal of three bulging discs at L3-5. This resulted in a great deal of improvement in the level of her pain. In 2015 she uses a cane as needed and is in the third week of physical therapy. The treatment request included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 4 weeks to the lumbar spine: 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, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Post-operative physical therapy 2 times a week for 4 weeks to the lumbar spine is not medically necessary per the MTUS Guidelines. The MTUS recommends 16 visits over 8 weeks and a 6 month post operative period of therapy after this patient's surgery. The patient has had 24 visits of PT post operatively per the documentation submitted. The MTUS encourages a transition from a supervised therapy program to an independent home exercise program. The documentation does not reveal extenuating circumstances that would necessitate 8 more supervised therapy sessions as the patient should be competent in a home exercise program at this point. The request for post operative physical therapy is not medically necessary.