

Case Number:	CM15-0106492		
Date Assigned:	06/10/2015	Date of Injury:	12/04/2013
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 12/4/13. The injured worker has complaints of low back pain. The documentation noted that there is right-sided paravertebral spasm and guarding. The diagnoses have included syndrome postlaminectomy lumbar. Treatment to date has included physical therapy; muscle relaxers; lumbar spine X-rays on 3/5/15 showed intraoperative views of ejection in the region of the sacrum; Ct scan of the lumbar spine on 1/8/15 showed status post L2-L3 left laminectomy with right-sided screw fusion and anterior interbody fusion and magnetic resonance imaging (MRI) of the lumbar spine on 9/25/14 showed L2-L3, 7millimeter left paracentral and left posterolateral disc protrusion, moderate left foraminal stenosis. The request was for additional physical therapy lumbar spine quantity 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Lumbar Spine Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has completed 6 physical therapy appointments to date with no objective increase in function. This request is for 6 additional sessions. At this point, the injured worker should be able to participate in a self-directed home exercise program. The request for additional Physical Therapy Lumbar Spine Qty: 6 is determined to not be medically necessary.