

Case Number:	CM15-0018635		
Date Assigned:	02/06/2015	Date of Injury:	05/12/2009
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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

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 52-year-old female who reported an injury on 05/12/2009. The mechanism of injury was not stated. The current diagnoses include status post ACDF on 11/19/2012, thoracic musculoligamentous sprain, lumbar herniated nucleus pulposus, new onset left leg pain, status post lumbar interbody fusion, and L5-S1 pseudarthrosis. The injured worker presented on 01/06/2015 for a follow-up evaluation with complaints of mild to moderate bilateral hip pain, constant low back pain, intermittent neck pain, and intermittent headaches. The injured worker also reported difficulty sleeping. It was noted that the injured worker was actively participating in physical therapy. Upon examination, there was paraspinal spasm and tenderness over the cervical spine, decreased sensation over the posterolateral thigh, tenderness to palpation over the paraspinal musculature of the lumbar spine, mild guarding on flexion and extension, sciatic notch tenderness on the left, and greater trochanteric tenderness bilaterally. Recommendations included continuation of Norco 10/325 mg, Soma 350 mg, gabapentin 100 mg, as well as additional physical therapy for the lumbar spine twice per week for 4 weeks. A Request for Authorization form was then submitted on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it was noted that the injured worker had participated in a previous course of physical therapy. There was no documentation of significant functional improvement. Additionally, the request as submitted failed to indicate a quantity. Therefore, the request is not medically appropriate at this time.