

Case Number:	CM15-0131964		
Date Assigned:	07/20/2015	Date of Injury:	12/04/2013
Decision Date:	08/20/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: Georgia, California, Texas

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 in a lifting incident with pain in the lumbar spine. She was medically evaluated and diagnosed with a lumbar sprain/ strain, given medications, x-rayed, placed on modified duty and physical therapy was prescribed. She currently complains of chronic low back pain. On physical exam of the lumbar spine there was right sided paravertebral spasm and guarding with decreased range of motion. Medications were ibuprofen, baclofen, Norco. Diagnosis was post laminectomy syndrome, status post decompression and fusion surgery at L2-3 (6/9/14) with benefit. Treatments to date include physical therapy and the injured worker feels that since she started this she is having more pain, she has done 4 out of six sessions but that she has increased strength and range of motion; right sacroiliac joint injection (1/30/15) with benefit; radiofrequency ablation of the sacroiliac joint (3/5/15) which was not beneficial. Diagnostics include x-rays of the lumbar spine (3/5/15, 1/30/15, 10/29/14, 7/7/14, and 6/9/14) with abnormalities; computed tomography of the lumbar spine (1/8/15) showing status post L2-3 left laminectomy with right sided screw fusion and anterior interbody fusion; MRI of the lumbar spine (9/25/14) showing disc protrusion. In the progress note dated 6/8/15 the treating provider's plan of care includes a request for 6 sessions of physical therapy for the low back 2 sessions per week for 3 weeks which will hopefully start to decrease her pain and continue improvement with strength and range of motion. 07/06/15 office note stated that the injured worker had completed 8 PT visits and remained unable to return to work. A functional restoration program was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times weekly for the low back QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: MTUS recommends up to 10 physical therapy visits for this condition. The injured worker has completed 8 recent PT visits without significant documented functional improvement, and remains unable to work. Based upon the available information and MTUS recommendations, the request is not medically necessary for additional skilled therapy exceeding the guideline.