

Case Number:	CM15-0145667		
Date Assigned:	08/06/2015	Date of Injury:	08/09/2012
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

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

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 60-year-old male who sustained an industrial injury on 08-09-12. Initial complaints and diagnoses are not available. Treatments to date include medications, a walker, cervical and lumbar spine fusions, and lumbar spine revision. Diagnostic studies include a MRI of the lumbar spine. Current complaints include low back pain that radiates to the left leg, rated a 10/10 without medications and 6/10 with medications. Current diagnoses include cervical myelopathy, lumbar breakdown level above prior surgery with stenosis. In a progress note dated 05-21-15, the treating provider reports the plan of care as physical therapy to the lumbar spine and core strengthening, as well as a new pain management provider. The requested treatment includes physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2012 and is being treated for radiating low back pain. He sustained a motor vehicle accident and treatments have included cervical and lumbar spine surgery with a revision lumbar fusion in July 2014. The claimant had post-operative physical therapy and acupuncture is referenced. When seen, there was an antalgic gait and he was using a walker. The claimant had difficulty transitioning positions with stiff movements. The claimant has already had post-operative physical therapy and the physical medicine treatment period of 16 weeks has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.