

Case Number:	CM15-0160808		
Date Assigned:	08/27/2015	Date of Injury:	07/21/2012
Decision Date:	09/29/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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 51 year old female who sustained an industrial injury on 07-21-12. Initial complaints and diagnoses are not available. Treatments to date include lumbar spine fusion, lumbar radiofrequency ablations, physical therapy, and medications. Diagnostic studies included MRIs of the left shoulder and lumbar spine. Current complaints include severe back pain with intermittent paresthesias in her legs, difficulty with repetitive motion and sleeping. Current diagnoses include left shoulder pain and diabetes mellitus. In a progress note dated 07-13-15 the treating provider reports the plan of care as trigger point injections on the date of service, a urine drug screen, and medications including Robaxin and Lunesta, as well as physical therapy. The requested treatment include additional 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:

Additional physical therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. 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 injury in July 2012 and underwent an instrumented L4-5 lumbar fusion in October 2014 for the treatment of spondylolisthesis. Treatments have included postoperative physical therapy beginning in on 12/17/14. As of 03/02/15 she had completed 14 treatment sessions. There had been a setback when she was involved in a motor vehicle accident on 03/23/15 and after falling one week later. When seen, she was continuing to have severe back pain with intermittent lower extremity paresthesias. She was having increasing difficulty with repetitive motion. She had a limited sitting or standing tolerance of only a few minutes. Physical examination findings included pain with spinal range of motion and positive reverse straight leg raising. There was decreased left lower extremity strength and patellar reflex. The claimant's BMI is over 40. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. The claimant is more than 6 months status post surgery, and the chronic pain treatment guidelines apply and the claimant has already had physical therapy. 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 revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.