

Case Number:	CM15-0168717		
Date Assigned:	09/09/2015	Date of Injury:	12/04/2012
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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 54-year-old female, who sustained an industrial injury on December 4, 2012. She reported low back pain. The injured worker was currently diagnosed as having chronic low back pain, status post anterior lumbar interbody fusion surgery with posterior instrumentation at L5-S1 and adjacent segment disease at L2-3, L3-4 and L4-5. Treatment to date has included diagnostic studies, surgery, six sessions of physical therapy without benefit, exercise, medication and multiple epidural injections with temporary relief. On June 23, 2015, the injured worker complained of occasional low back pain, especially after increased activity. She reported her leg pain had improved significantly and her right calf pain was resolved. The injured worker was noted to be weaning off narcotic medication and had returned to modified work duty. A follow-up visit was included in the treatment plan. On July 28, 2015, utilization review denied a request for twelve physical therapy visits for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits, low back QTY: 12. 00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustained a work injury in December 2012 and underwent a lumbar spine fusion in February 2015. She had postoperative physical therapy and, as of 05/20/15 had completed nine treatment sessions. There had been improvement in strength and body mechanics and spinal stability. She was having decreased pain. When seen, she was requesting additional physical therapy. Physical examination findings included pain with lumbar spine range of motion. There was pain with lumbar palpation. She had decreased lower extremity strength. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has ongoing spinal impairment with decreased lower extremity strength and had improved during a partial course of post-operative treatment. She has not returned to unrestricted work. The requested number of initial post-operative therapy visits remains within accepted guidelines and is medically necessary.