MAXIMUS Federal Services

Case Number:	CM15-0182464		
Date Assigned:	09/23/2015	Date of Injury:	09/30/2010
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Pennsylvania, Ohio, California
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 60 year old female who sustained an industrial injury September 30, 2010. Diagnoses are lumbar spondylosis; lumbar radiculopathy. Past history included status post C3-C6 discectomy and fusion April 2012, status post L5-S1 anterior posterior decompression and fusion 2014, Hepatitis C, hypothyroidism, and Hashimoto's disease. According to a treating physician's report dated July 14, 2015, the injured worker presented with complaints of low back pain and bilateral posterior thigh and lateral thigh pain. She reports the pain is different than it was prior to surgery. She also complains of neck pain and scapular pain with numbness. Physical examination revealed; pain in lower back when standing from a sitting position; tenderness to palpation in the lumbosacral spine and cervical thoracic junction; diminished range of motion of the cervical and lumbar spine; normal strength in the bilateral upper and lower extremities; ambulates with discomfort. The treating physician documented; AP-lateral cervical spine x-ray performed 5 months ago demonstrates what appears to be a fusion at C3-4, C4-5, and C5-6 anterior and moderate to severe disc degeneration at C6-7 and C7-T1. AP- lateral lumbar spine x-rays demonstrates good placement of anterior graft and posterior instrumentation L5-S1. At issue, is a request for authorization dated August 10, 2015, for physical therapy 2 x 6 cervical and lumbar spine and lab work (prior to MRI) BUN (blood urea nitrogen) and creatinine. According to utilization review dated September 1, 2015, the request for PT (physical therapy) 2x6 (cervical and lumbar spine) is non-certified. The request for Lab work (prior to MRI); BUN (blood urea nitrogen), Creatinine are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 (Cervical and 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 Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Lab Work (prior to MRI): BUN, Creatinine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM recommends MRI LSPINE or CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. It is not clear that the patient meets this guideline nor is it clear that a spinal MRI has been certified. Prior to certification of such an MRI, this request is not applicable. Therefore this request is not medically necessary at this time.