

Case Number:	CM15-0206218		
Date Assigned:	10/23/2015	Date of Injury:	04/17/2010
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male with a date of injury of April 17, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain and lumbar post laminectomy syndrome. Medical records dated August 18, 2015 indicate that the injured worker complained of mild lower back pain with numbness in the left lower extremity, and neck pain. A progress note dated September 23, 2015 documented complaints of increased midline and right leg pain, mild lower back pain, and numbness of the left lower extremity. The physical exam dated August 18, 2015 documented no abnormal findings. The progress note dated September 23, 2015 documented a physical examination that showed no changes since the examination performed on August 18, 2015. Treatment has included cervical spine fusion (2013), lumbar hemi-laminectomy and micro discectomy (April 30, 2015), twelve sessions of postoperative physical therapy for the lumbar spine, home exercise, and medications (Baclofen, Ibuprofen, Percocet, and Tramadol). The utilization review (October 13, 2015) non-certified a request for twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy qty 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: According to the guidelines up to 34 visits over 16 weeks is appropriate for those who have undergone spinal fusion. In this case, the claimant had undergone therapy after the surgery and was doing well. The claimant developed back pain after prolonged sitting. There was no back exam performed at the time of the request. There were no neurological abnormalities. It is 6 months since the surgery. The request for additional physical therapy is not medically necessary.