

Case Number:	CM15-0034564		
Date Assigned:	03/03/2015	Date of Injury:	11/01/2005
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 63-year-old female, who sustained an industrial injury on 11/1/05. She has reported neck and back injury. The diagnoses have included lumbago and spasm of muscle. Treatment to date has included medications, surgery and physical therapy. Surgery included lumbar fusion 4/2008. Currently, as per the physician progress note dated 1/21/15, the injured worker complains of constant pain in the neck and back that radiates up into the head, down into upper back and down hips, legs, knees and feet. The pain is unchanged and is rated 7/10 on the pain scale. The current medications were Norco and Tramadol. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 7/30/14 revealed prior fusion hardware placement, facet arthropathy causing dural compression and stenosis, osteophyte formation, and degenerative change with disc bulge. The physical exam of the lumbar spine revealed range of motion causes pain, positive trigger points lumbosacral spine bilaterally, positive straight leg raise on the left and left heel walk was with difficulty due to left leg motor sensory deficit. The injured worker would like to continue with physical therapy as she states that it is helping the pain. There was no previous therapy records noted. On 2/2/15 Utilization Review non-certified a request for Physical therapy 3 times a week for 3 weeks to post op lumbar, noting the (MTUS) Medical Treatment Utilization Schedule, Chronic Pain, Physical Medicine Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x3 to post op lumbar: Upheld

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

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

Decision rationale: Guidelines state that patients should be formally assessed after six therapy sessions to see if the patient is improving. If treatment duration or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the clinical records do not document functional improvement and thus guidelines would not support continuing with this therapy. The request for physical therapy 3x3 is not medically appropriate and necessary.