

Case Number:	CM15-0044113		
Date Assigned:	03/16/2015	Date of Injury:	11/24/1999
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68 year old female, who sustained an industrial injury on November 24, 1999. The injured worker was diagnosed as having lumbar segmental dysfunction, sacroiliitis, and lumbar and paracervical myofascitis. Treatment to date has included home care, multilevel lumbar laminectomy and fusion on 7/17/14, physical therapy, lumbar spine epidural, and medication. Currently, the injured worker complains of low back pain and right leg pain. The Treating Physician's report dated January 26, 2015, noted the injured worker with post-operative bladder dysfunction worsening, with frequency, hesitancy, a feeling of incomplete voiding. The injured worker's low back pain and leg pain were reported as 8-9/10, with sleep improved. The injured worker was noted to have had a successful lumbar spine epidural. The injured worker was noted with an antalgic gait, with lumbar spine tenderness improved, weakness noted on hip flexion, and decreased lumbar spine range of motion (ROM). The injured worker was noted to have one remaining physical therapy visit with additional physical therapy requested for authorization for deficits in stairs, turning, and lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the low back #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 98-99, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Physical therapy to the low back #12 is not medically necessary. Per documentation the patient has had at least 30 authorized postoperative PT sessions. The patient is not out of the post surgical period. The guidelines recommend up to 10 visits for this condition and a transition to an independent home exercise program. The documentation does not indicate extenuating factors which would require 12 supervised PT visits. The patient should be well versed in a home exercise program. The request for physical therapy to the low back #12 is not medically necessary.