

Case Number:	CM15-0050694		
Date Assigned:	03/24/2015	Date of Injury:	08/25/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: California
 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:

This 35 year old male sustained an industrial injury to the low back on 8/25/11. Previous treatment included magnetic resonance imaging, lumbar fusion at L5-S1 (9/23/14), physical therapy, bone stimulator and medications. In a PR-2 dated 2/25/15, the injured worker complained of difficulty rising from a seated to standing position. The injured worker was participating physical therapy and felt the sessions were helping decrease his pain medication usage. Physical exam was remarkable for lumbar spine with a well-healed incision, mild pain upon palpation, intact motor exam, slightly antalgic gait and difficulty rising from a seated to standing position. Current diagnoses included status post L5-S1 lumbar fusion and tobacco use. The treatment plan included a prescription for Zanax, reducing Norco and twelve more 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 2x6 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 59 of 127.

Decision rationale: A Delphi consensus study and meta-analysis has made some recommendations regarding chiropractic treatment, which advised 6-12 visits over a 2-4 week period. The goal of therapy is to reduce the frequency of visits in lieu of active self-therapy, independent strengthening, and increasing range of motion. Based on the MTUS guidelines, the patient would most benefit from active versus passive movements. Active modalities are associated with better clinical outcomes. He previously underwent physical therapy after the lumbar fusion on 9/23/14 and should be able to perform self-directed treatment at home to aid in pain reduction and mobility.