

Case Number:	CM15-0058150		
Date Assigned:	04/02/2015	Date of Injury:	08/30/2012
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on August 30, 2012. He reported low back pain radiating to the lower extremities with associated weakness and tingling. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture treatments, chiropractic therapy, epidural steroid injections, trigger point injections, medications and work restrictions. Currently, the injured worker complains of ongoing low back pain radiating to the lower extremities with associated weakness and tingling. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Surgical intervention was recommended. Evaluation on February 23, 2015, revealed continued pain. A pain injection was administered. Post-operative physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of post-operative physical therapy, 3 times a week for 4 weeks to lumbar spine:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic low back pain. A lumbar spine fusion and post-operative physical therapy are being requested. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits over 16 weeks. In this case, number of requested treatments is within that recommended and therefore is medically necessary.