

Case Number:	CM15-0082649		
Date Assigned:	05/05/2015	Date of Injury:	12/03/2010
Decision Date:	06/10/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/30/2015

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 45-year-old female who sustained a work related injury December 3, 2010. Past history included depression, diabetes, sleep apnea, spinal surgery L4-5 fusion 2013, and left knee surgery 2011. According to a treating physician's progress notes, dated March 30, 2015, the injured worker presented with bilateral low back pain with radiation to bilateral lower extremities, bilateral buttock, bilateral hip, and bilateral anterior thighs. The pain is described as burning, pulsating, sharp stabbing and throbbing and rated 4/10. She reports improvement in knee and lower back pain after a recent course of physical therapy. Also, decrease depression, anxiety and recurring thoughts of hurting self with increased Celexa. Diagnoses are lumbar post-laminectomy syndrome; lumbar radiculitis; degeneration of cervical intervertebral disc; arthritis of knee; psychophysiological disorder; chronic pain syndrome. Treatment plan included to report to emergency department for persistent suicidal or homicidal thoughts, socialize with family and church, and request for authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for lumbar spine: Upheld

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

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

Decision rationale: Physical therapy 2x3 for lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits of therapy for this condition with a transition to an independent home exercise program. The patient should be well versed in a home exercise program at this point. There are not extenuating circumstances, which would necessitate 6 more supervised therapy sessions for the low back. The request is therefore not medically necessary.