

Case Number:	CM15-0086549		
Date Assigned:	05/08/2015	Date of Injury:	03/21/2012
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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 (IW) is a 35-year-old male who sustained an industrial injury on 03/21/2012. Diagnoses include lumbar/lumbosacral disc degeneration. Treatments to date include medications, physical therapy, occupational therapy and lumbar fusion at L5-S1. Electro-diagnostic testing was done 6/30/12. An MRI of the lumbar spine on 4/23/14 showed post-operative fusion changes and no disc herniation or stenosis. According to the progress notes dated 10/22/14, the IW reported low back pain. He denied radicular symptoms in the lower extremities. Lumbar range of motion was 70 degrees with forward flexion from the hips allowing him to reach to mid-shin. X-rays showed good progression of the fusion. A request was made for physical therapy three times per week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x per week x 4 weeks (lumbar spine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2012 and underwent a lumbar spine fusion in March 2014. When seen in January 2015 he was having ongoing back pain and was using a lumbar support. He was referred for physical therapy. As of 03/15/15, he had completed 12 treatment sessions. In this case, the claimant was nearly one-year status post lumbar fusion and the chronic pain treatment guidelines apply. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had post-operative physical therapy. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is therefore not medically necessary.