

<b>Case Number:</b>	CM14-0117374		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year-old female who was reportedly injured on September 7, 2012. The most recent progress note dated June 12, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated the surgical wound to be clean, dry, and intact. Motor and sensory are tested in slight decreases are noted. Straight leg rising is positive bilaterally. Diagnostic imaging studies objectified an anterior listhesis (8 mm) in the lower lumbar spine and postoperative films indicating the [REDACTED] with instrumentation to be intact. Previous treatment includes lumbar fusion surgery, multiple medications, and other pain management interventions. A request was made for physical therapy and oral steroids and was not certified in the pre-authorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 X week for 4 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** When noting the date of injury, the injury sustained, and the treatment rendered for the degenerative changes noted and the data the surgery, there is insufficient clinical information presented to support this request. As outlined in the spine treatment guidelines,

postsurgical treatment after fusion requires physical therapy after graft maturity. The attorney has not been reached as yet. As such, this request is premature. Furthermore, it is not clear how much physical therapy has already been completed. As such the medical necessity has not been established.

**Prednisone 10mg #15 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lumbar, Corticosteroids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. (Updated October 2014).

**Decision rationale:** It is noted that the MTUS and ACOEM guidelines do not address oral corticosteroids. As noted in the ODG, there is no data on the efficacy or safety of systemic oral steroids a chronic pain situation. Furthermore, when noting the surgery completed, there is insufficient clinical evidence presented that oral steroids are warranted this time. As such, the medical necessity has not been established.