

Case Number:	CM14-0122910		
Date Assigned:	09/16/2014	Date of Injury:	04/01/2010
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Practice 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 claimant is a 52-year-old male who sustained a work injury on 4/1/10 involving the low back. He had a positive discogram in 2012 and underwent a fusion of the L4-S1 levels in 2012. He was diagnosed via CT myelogram in 2013 with a pseudoarthrosis and underwent a laminectomy in November 2013. As of May 2014 he had completed over 24 sessions of physical therapy. A progress note on 5/30/14 indicated he had constant back pain. He had been on opioids and antidepressants for symptoms. Exam findings were notable for reduced painful range of motion of the lumbar spine. On 7/18/14 his exam findings were unchanged. The treating physician requested 12 additional sessions of therapy, sacroiliac injections and continuation of analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks (land and aqua): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, low back

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

Decision rationale: According to the MTUS guidelines, physical rehabilitation is recommended in a fading frequency. Most cases of myalgia and neuritis are recommended up to 10 visits over 8 weeks. The claimant had undergone over 24 sessions of therapy and continued to have pain and reduced range of motion. Additional therapy can be performed in a home basis after education has been provided. The request for physical therapy 2 x 6 weeks (land and aqua) is not medically necessary and appropriate.