

Case Number:	CM14-0168229		
Date Assigned:	10/15/2014	Date of Injury:	01/19/2012
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 01/19/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of L4-5 instability with stenosis and spondylolisthesis, HNP of L4-5, and status post ALDF at L4-5. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include hydrocodone, omeprazole, cyclobenzaprine, naproxen, tramadol, and Terocin lotion. On 02/13/2013, the injured worker underwent x-rays of the lumbar spine which revealed unstable spondylolisthesis at L4-5. On 11/16/2013, the injured worker underwent an MRI of the lumbar spine which revealed grade 1 listhesis at L4-5 with HNP. On 06/09/2014, the injured worker underwent x-rays of the lumbar spine, which is status post ALDF at the L4-5. On 07/21/2014, the injured worker complained of back pain. Physical examination noted that the pain was 2/10 with medication and 5/10 without. Examination also revealed normal reflex, sensory, and power testing to bilateral upper and lower extremities. Straight leg raise and bow string were negative. There was mild lumbar tenderness and spasms. Lumbar spine range of motion was decreased by 20%. Medical treatment plan is for the injured worker to continue with physical therapy, 2 sessions a week for 6 weeks, for a total of 12 additional sessions. The provider feels that the injured worker needs the postop conditioning. A Request for Authorization form was not submitted for review.

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 for lumbar: Upheld

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

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

Decision rationale: The request for Physical therapy 2 x 6 for lumbar is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of prior therapy. The guidelines recommend up to 10 visits of physical therapy: The amount of physical therapy visits that have already been completed for the injured worker is unclear. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Additionally, there was no indication that the injured worker had done so. With lack of documentation, the request cannot be established. As such, the request is not medically necessary.