

Case Number:	CM14-0186198		
Date Assigned:	11/14/2014	Date of Injury:	07/19/2004
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine, and is licensed to practice in Maryland. 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:

This patient is a 41 y/o female who has developed chronic lumbar spine problems subsequent to an injury dated 7/19/04. She is s/p lumbar fusion with subsequent hardware removal. In April '14 the operating surgeon recommended that she finish up with physical therapy. No neurological deficits were noted and a CT myelogram revealed no myelopathy and a solid fusion. She has been treated with 50 sessions of postoperative therapy and the most recent physical therapy notes document little changes in subjective complaints. She is to have developed a home exercise program. She is noted to have concurrent major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x6, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 34.

Decision rationale: MTUS Post-Surgical Guidelines recommend that up to 34 sessions of physical therapy over a 4 month period is considered adequate for this patient's circumstance. There are no unusual circumstances or post-surgical complications that would justify for a significant exception to the Guideline recommendations. Therapy has already significantly

exceeded Guideline recommendations and should be very adequate to have guided and instructed in self-protective behaviors and appropriate rehabilitation activities. The additional 18 sessions (3X's week for 6 weeks) is not medically necessary.