

Case Number:	CM14-0217279		
Date Assigned:	01/07/2015	Date of Injury:	09/25/2006
Decision Date:	05/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 66-year-old female who reported an injury on 09/25/2006. The mechanism of injury was not provided. On 12/15/2014, the injured worker presented with back pain, right sciatica neck pain. The provider noted that the injured worker continues to be actively engaged in physical therapy regarding her postoperative rehabilitation from the lumbar fusion. The injured worker also continues to utilize a back brace when indicated, and is 4 wheeled walker dependent. Current medications included Advair, Celebrex, Flector patch, Neurontin, oxycodone, tramadol, and Valium. The range of motion was not tested, due to lumbar operation on 0715/2014. Diagnoses were post laminectomy syndrome of the lumbar spine, lumbar disc displacement without myelopathy, lumbosacral radiculitis, Atlanto-occipital sprain/strain, trochanter bursitis, and mood disorder due to chronic pain with depressive like episodes. The provider recommended physical therapy, 2 times a week for six weeks, to the lumbar spine. There is no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2 x 6 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for associated surgical service, physical therapy 2 x 6 to the lumbar spine, is not medically necessary. The California MTUS Surgical Treatment Guidelines state, for fusion the postsurgical treatment is 34 visits over 16 weeks, with the postsurgical treatment medicine period of 6 months. There should be evidence of increased function and decreased pain, along with baseline values to measure the efficacy of the therapy. The injured worker has already exceeded the postsurgical physical medicine treatment period as stated by the guidelines. Additionally, there is no information on treatment efficacy of physical therapy sessions that the patient has underwent. The provider's request for physical therapy, 2 times a week for 6 weeks, to the lumbar spine, exceed the guideline recommendations. As such, medical necessity has not been established.