

Case Number:	CM15-0016619		
Date Assigned:	02/04/2015	Date of Injury:	04/03/2011
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 26 year old female, who sustained an industrial injury on April 3, 2011. The diagnoses have included lumbar sprain/strain. Treatment to date has included lumbar spine fusion on March 12, 2014. Currently, the injured worker complains of lumbar spine pain with bilateral lower extremity pain. In a progress note dated December 18, 2014, the treating provider reports lumbar spine tender and spasms. On January 6, 2015 Utilization Review non-certified a physical therapy times eight sessions for lumbar spine, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. A 1/21/15 physical exam reveals normal lumbar lordosis without scoliosis. Normal sensation. No spasm. There is 5/5 BLE strength. The lumbar x-rays reveals stable fusion without signs of loosening or failure. Per prior peer review the patient had 8 sessions of PT authorized on 9/22/14; 12 sessions of PT authorized on 10/27/14 and 6 sessions of aqua therapy for the lumbar spine authorized on 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 Visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Physical Therapy x 8 Visits, Lumbar Spine is not medically necessary per the MTUS Guidelines. The MTUS Post Surgical Guidelines recommend for a lumbar fusion 34 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The documentation indicates that the patient has had 26 authorized sessions of PT. The documentation does not reveal extenuating circumstances that would require 8 additional PT visits. The MTUS encourages transition to a self directed home exercise program. Therefore, the request for physical therapy x 8 visits, lumbar spine is not medically necessary.