

Case Number:	CM15-0116204		
Date Assigned:	06/24/2015	Date of Injury:	07/19/2013
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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:

This 56 year old female sustained an industrial injury to the neck and back on 7/19/13. Previous treatment included anterior discectomy and fusion at C4-5 and C5-6, posterior decompression from C3 to C6, physical therapy and medications. The injured worker underwent lumbar fusion at L4-5 and L5-S1 on 10/21/14. The injured worker received postoperative physical therapy. In a physical therapy reevaluation dated 1/29/15, the injured worker complained of pain 5/10 on the visual analog scale. The injured worker was wearing a back brace and had paraspinal muscle spasms. The injured worker was walking for 30 minutes every other day. In a physical therapy reevaluation dated 3/2/15, the injured worker complained of ongoing lumbar spine pain rated 5/10 on the visual analog scale. The physical therapist noted that the injured worker exhibited improving range of motion and strength. The injured worker was not wearing a back brace anymore. The injured worker was walking for 30 minutes every other day. In a neurosurgical reevaluation dated 5/26/15, the injured worker complained of low back pain. Physical exam was remarkable for tenderness to palpation over the cervical spine and lumbar spine with restricted lumbar spine range of motion, 5/5 lower extremity strength and intact sensation throughout. Current diagnoses included status post cervical fusion and decompression, status post lumbar fusion and residual low back and knee pain. The treatment plan included continuing physical therapy three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 18 treatments, for the cervical spine and 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 Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy, 18 treatments, for the cervical spine and lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had ample prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 18 more supervised therapy visits which exceeds the MTUS recommended number of visit for this condition therefore this request is not medically necessary.