

Case Number:	CM15-0126304		
Date Assigned:	07/17/2015	Date of Injury:	03/09/2001
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 74-year-old female who reported an industrial injury on 3/9/2001. Her diagnoses, and or impression, were noted to include lumbar radiculopathy; thoracolumbar compression fracture with severe kyphosis, status-post thoracic fusion; osteopenia; osteoporosis; and depression with anxiety. No current imaging studies were noted; however a "CR" lumbar spine - complete was done on 4/15/2015. Her treatments were noted to include diagnostic studies; spinal cord stimulator; injection therapy; thoracic inter-body fusion surgery on 6/3/2015, followed by admission into a Rehabilitation Hospital on 6/18/2015, and followed by occupational therapy; a back brace; medication management; and rest from work - uncertain if retired. The progress notes of 6/4/2015 are hand written and mostly illegible but were noted to report severe back pain, following surgery. Objective findings were noted to include decreased strength, following surgery; and that she lives at home with her husband. The physician's requests for treatments were noted to include physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 weeks lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 29.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic back pain. She underwent multiple spinal surgeries, had a progressive kyphosis with thoracic compression fracture, and underwent an instrumented fusion from T11 to T12 on 06/03/15. She had therapy as an inpatient after surgery. On 06/30./15 three more weeks of therapy was requested. Guidelines recommend up to 34 visits over 16 weeks following the surgery that was performed. In this case, the total number of treatments being requested is unknown. The request cannot be considered medically necessary.