MAXIMUS Federal Services

Case Number:	CM15-0174217		
Date Assigned:	09/16/2015	Date of Injury:	07/21/2012
Decision Date:	10/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on July 21, 2012. The injured worker is diagnosed as having left shoulder pain and post L4-L5 anterior and posterior decompression and fusion. Her work status is temporary total disability. Currently, the injured worker complains of severe back pain with intermittent paresthesia in her legs particularly in the left lateral leg. She is experiencing difficulty with repetitive motion and is unable to stand or sit for more than a few minutes due to the pain. She reports difficulty with cooking, cleaning, performing household chores, bending and stooping. She reports sleep disturbance due to the pain. Physical examinations dated April 1, 2015-July 13, 2015 reveal difficulty ambulating and changing position as well as difficulty getting onto the examination table. Her range of motion is restricted and causes pain. Guarding with pain is noted and muscle spasms are present. There are well-healed "lumbar anterior and posterior incisions with moderate tenderness to palpation". "Extension causes increased pain, reverse straight leg raising test is positive bilaterally, she has decreased sensation in the left lateral aspect of her leg and her left patellar reflex is decreased". Treatment to date has included lumbar brace, trigger point injections to the lumbar spine region (experienced immediate reduction in pain), L4-L5 anterior and posterior decompression and fusion in 2014 (provided pain relief; however she reinjured herself causing an increase in back pain), medication (Soma and Tramadol are not effective for pain relief or sleep, Robaxin, Ambien, Lunesta), x-rays and physical therapy (at least 7 sessions with improvement reported). A request for additional physical therapy (2x6) for the lumbar spine is denied, due to exceeding the recommended number of sessions and documentation of

objective functional improvement was not provided, per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 6 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in July 2012 and is being treated for left shoulder and low back pain. She underwent an L4/5 decompression and fusion on 10/14/14. As of 03/02/15 she had completed 14 post-operative physical therapy treatments. An additional 12 treatments were requested. When seen in July 2015, she was having severe back pain. She was having increasing difficulty with repetitive motion. She was able to sit or stand for only a few minutes. She was unable to sleep due to constant pain. The assessment references worsening after having initially improved after surgery when she fell in a store. A home health aide was subsequently requested. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has had more than the number of recommended visits with a worsening of her condition and function. Additional physical therapy is not medically necessary.