

Case Number:	CM15-0177371		
Date Assigned:	09/18/2015	Date of Injury:	01/29/2010
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 01-29-2010. She has reported subsequent low back pain and was diagnosed with L3-S1 degenerative disk disease with chronic low back pain syndrome, moderate L4-L5 spinal stenosis, marked right L4-L5 facet destruction and musculoskeletal deconditioned syndrome. Computed tomography of the lumbar spine dated 08-27-2014 showed stimulator or pain pump in the posterior soft tissues, moderate to severe multifactorial central stenosis at L4-L5 and mild multifactorial central stenosis at L3-L4. Treatment to date has included oral pain medication, multiple injections and placement of a back pain stimulator device which were noted to have failed to significantly relieve the pain. The injured worker had an L4-L5 decompressive lumbar laminectomy and removal of implanted stimulator performed on 03-24-2015. In a progress note dated 08-14-2015, the injured worker was seen in follow up and was noted to be 4.5 months post L4-L5 decompressive laminectomy and posterolateral fusion with right iliac bone graft. There was no documentation as to the level of pain experienced. There was no documentation of abnormal objective examination findings. The physician noted that the injured worker was severely musculoskeletally deconditioned and required a reconditioning program either in a physical therapy setting or preferably by joining a gym and engaging in a home exercise program. Work status was documented as temporarily totally disabled. A request for authorization of spinal reconditioning program was submitted. As per utilization review dated 08-27-2015, the request for spinal reconditioning program was modified to certification of 12 physical therapy visits for the lumbar spine for spinal reconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal reconditioning program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114) Official Disability Guidelines, Low Back Chapter (updated 07/17/15) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 74.

Decision rationale: According to the guidelines, post-surgical therapy may consist of up to over 30 sessions in the 1st 4 months after surgery. In this case, the claimant had surgery over 4 months ago. The amount of therapy previously completed is unknown. The amount of additional therapy through a spine rehab program is not defined. The request for the spine therapy is not justified and not medically necessary.