

Case Number:	CM15-0060283		
Date Assigned:	04/06/2015	Date of Injury:	10/22/1987
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 10/22/87. The injured worker reported symptoms in the back. The injured worker was diagnosed as having post-laminectomy syndrome; lumbar, lumbar stenosis, lumbosacral spondylosis, degeneration of lumbar disk, lumbosacral radiculitis and pain in limb. Treatments to date have included back brace, home exercise program, physical therapy, facet blocks, and status post back surgeries x 4. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

One (1) referral to a neurologist for an EMG and NCV study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM recommend electro diagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. Given the extreme chronicity of this case and the patient's history of multiple lumbar surgeries, there would be a high likelihood of a false positive finding on electro diagnostic evaluation of the lumbar spine and lower extremities. Moreover, it is unclear how these results would change the treatment plan or otherwise help this patient in this notably chronic timeframe. Therefore, this request is not medically necessary.