

Case Number:	CM15-0099907		
Date Assigned:	06/02/2015	Date of Injury:	06/14/1993
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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 67-year-old male, who sustained an industrial/work injury on 6/14/93. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral degenerative disc disease, spondylolisthesis and pseudoarthritis, failed back syndrome, chronic pain syndrome, severe anxiety, and insomnia. Treatment to date has included medication, diagnostics, and surgery (revision of posterior lumbar fusion at L5-S1). Currently, the injured worker complains of a flare up of shooting pain down to his legs. Per the primary physician's progress report (PR-2) on 2/13/15, examination revealed tenderness to calves without swelling. Current plan of care included Doppler study to rule out deep vein thrombosis and physical therapy for core strengthening exercises. The requested treatments include physical therapy to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1993. Treatments have included a lumbar spine fusion with revision. When seen, he had undergone the revision surgery four months before. He had improved. Over the previous two weeks, he had begun having bilateral calf pain. Physical examination findings included calf tenderness with deep palpation. There was concern about possible DVTs and testing was ordered. Additionally, he was referred for 12 sessions of physical therapy. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits over 16 weeks. In this case, the number of therapy treatments already provided is unknown. Additionally, the claimant is doing well and the number of visits being requested appears in excess of what would be needed to establish or revise the claimant's home exercise program. Finally, if there is concern that he may have a DVT, he needs to be cleared for participation in therapy prior to the referral. The request is not appropriate and not medically necessary.