

Case Number:	CM14-0140839		
Date Assigned:	09/10/2014	Date of Injury:	02/08/2007
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported an injury on 02/28/2007 due to an unknown mechanism. Physical examination on 08/05/2014 revealed that the injured worker was rear ended on 06/03/2014 while driving on duty for work. She was complaining of persistent neck pain with some numbness in the right upper extremity, as well as the low back. Diagnoses were status post anterior and posterior approach L4-5, L5-S1 fusion on 02/12/2012, due to symptoms of bilateral lumbar radiculopathy, chronic low back pain and urinary incontinence. Low back pain radicular symptoms significantly improved post surgery, as well as urinary incontinence also resolved post surgery of 02/12/2012. There was a recurrence of urinary incontinence in late 04/2013, recent surgery for removal of hardware on 10/11/2013, MRI on 06/26/2013 of the lumbar spine revealed change from posterior spinal fusion, anterior lumbar interbody fusion and posterolateral fusion at L4-5 and L5-S1 levels; the interbody fusion and posterolateral fusion were solid; no evidence of discitis, osteomyelitis, arachnoiditis, pseudomenigocele or adjacent level degeneration; moderate left neural foraminal narrowing at the L5-S1 level due to bony proliferative changes; there was a 4 mm grade 1 anterolisthesis of the L5 on S1. Examination of the lumbar spine revealed for range of motion flexion was 60% of normal, extension was 50% of normal, right lateral flexion 50% of normal, left lateral flexion was 50% of normal. Medications were Norco and Soma. Treatment plan was for physical therapy of the cervical spine, lumbar spine 2 to 3 times a week for 6 weeks. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine 2-3x /wk 6/wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation; Low Back Procedure

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis and radiculitis. The guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. It was reported that the injured worker had just finished physical therapy. The functional improvement from that physical therapy was not reported. It was not reported that the injured worker was participating in a stretching program or a home exercise program. The clinical information submitted for review does not provide evidence to justify physical therapy for lumbar spine 2 to 3 times a week for 6 weeks. Therefore, this request is not medically necessary.