

Case Number:	CM13-0013333		
Date Assigned:	09/30/2013	Date of Injury:	03/29/2007
Decision Date:	01/21/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 claimant is a 37-year-old gentleman who was injured on March 29, 2007. The clinical records for review include a recent authorization for spinal surgery dated July 22, 2013 by [REDACTED] indicating the claimant was seen in follow-up of ongoing low back and right lower extremity complaints with radiating tingling and numbness to the foot that has not responded to conservative care including medication management. Objectively there is noted to be diminished sensation in a right L4 through S1 dermatomal distribution with 4+ out of 5 motor strength with the quadriceps, extensor digitorum longus tibialis anterior, inversion plantar flexion and eversion of the right lower extremity. The treating physician notes that MRI scan of June 28, 2013 showed postoperative changes with retrolisthesis from L3-4 through L5-S1 with the L5-S1 level being with a central protrusion. He also indicates that CT discography was performed showing non-concordant pain at L2-3, L3-4, L4-5 and L5-S1, a negative test. Based on conservative care that had been utilized, chiropractic measures, acupuncture, physical therapy and epidural injections, surgical intervention was recommended in the form of a microdiscectomy and decompression at L4-5 and L5-S1. Twelve sessions of postoperative physical therapy were recommended to begin at week six in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-operative chiropractic/physical therapy sessions 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy sessions following surgical intervention for discectomy/laminectomy would include up to sixteen sessions over an eight-week period of time. Given the initial ½ rule of formal physical therapy, only eight initial sessions of therapy would be recommended in the initial course of physical therapy. The requested twelve sessions would exceed clinical Guideline criteria and cannot be supported as medically necessary.