

Case Number:	CM13-0021188		
Date Assigned:	11/08/2013	Date of Injury:	07/18/2011
Decision Date:	04/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 43-year-old female who reported an injury on 07/18/2011. The mechanism of injury was not stated. The patient is diagnosed with lumbar disc protrusion. The patient was seen by [REDACTED] on 06/03/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. The patient has been unresponsive to conservative treatment, including physical therapy, chiropractic care, acupuncture, bracing, medications, and epidural injections. Physical examination revealed tenderness to palpation, decreased range of motion, weakness, and decreased sensation. Treatment recommendations included an anterior and posterior discectomy with decompression and fusion of the lumbar spine followed by 6 to 12 weeks of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OP PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Criteria for lumbar decompression and/or discectomy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,25,26.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a discectomy includes 16 visits over 8 weeks. Postsurgical treatment following a fusion includes 34 visits over 16 weeks. There is no indication that this patient has received authorization to undergo the requested surgical procedure. Therefore, the current request cannot be determined as medically appropriate at this time. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.