

Case Number:	CM13-0024685		
Date Assigned:	11/20/2013	Date of Injury:	05/16/2012
Decision Date:	03/26/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Spine Surgery and is licensed to practice in New York. 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 patient's date of injury is March 16, 2012. The patient complains of low back pain with radiation to the left leg. Patient also describes giving way of both legs. The pain radiates to the knees. Physical examination shows decreased range of motion of the lumbar spine and tenderness to palpation of the lumbar spine. Muscle tenting indicates 4-5 strength. Straight leg raise is positive. An MRI lumbar spine from July 30, 2012 demonstrates degenerative changes lumbar spine most severe at L4-5. There is moderate canal stenosis and foraminal narrowing at this level. There is an annular tear present at L5-S1. There is sacral edema and suggestion of a possible abnormal line indicating a sacral fracture. The patient was diagnosed with lumbar disc protrusion left lower extremity radiculopathy. At issue is whether a plan for postoperative physical therapy 3 times a week for 4 weeks is medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 3xwk x4wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-319.

Decision rationale: Since the surgeries are not considered medically necessary, then postoperative physical therapy is not needed. The request for post-operative physical therapy 3xwk x4wks lumbar spine is not medically necessary and appropriate.