

Case Number:	CM13-0028286		
Date Assigned:	11/22/2013	Date of Injury:	03/30/2012
Decision Date:	04/03/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Texas. 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 is a 29-year-old male who reported an injury on 03/30/2012. The mechanism of injury involved heavy lifting. The patient is diagnosed as status post lumbar laminectomy at L5-S1 with discogenic pain. The patient was seen by [REDACTED] on 08/19/2013. The patient reported ongoing lower back pain. Physical examination revealed decreased range of motion of the lumbar spine. Treatment recommendations included an L5-S1 fusion with pedicle screws and cage. A request for authorization form was then submitted by [REDACTED] on 09/06/2013 for postoperative physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 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 or laminectomy includes 16 visits over 8 weeks. While the patient may meet criteria for postoperative physical therapy, there is no documentation of an operative report providing the date of the procedure and specific intervention. The patient's physician progress report submitted on 08/19/2013 by [REDACTED] indicated that the patient was to undergo an L5-S1 fusion. However, the patient's request for authorization form indicates that the patient is status post lumbar laminectomy at L5-S1. The request for 8 sessions of post-operative physical therapy is not medically necessary and appropriate.