

Case Number:	CM13-0030783		
Date Assigned:	03/17/2014	Date of Injury:	10/31/2012
Decision Date:	08/19/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/01/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 64 year old male with a date of injury on 10/31/2012. Diagnosis is of post lumbar laminectomy syndrome. Subjective complaints are of low back pain with weakness in both legs. Physical exam reveals spasm, decreased strength in the left foot and decreased sensation at both ankles. Patient had lumbar surgery on 11/1/2012. The MRI from 6/20/2013 shows L4-5 left paracentral disc bulge, and L5-S1 degenerative disc disease. Submitted documentation indicates that the patient has had 36 postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LUMBAR 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS postsurgical treatment guidelines indicate that up to 34 visits of physical therapy over 6 months is recommended following lumbar surgery for intervertebral disc disorders. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 12 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.

