

Case Number:	CM13-0031103		
Date Assigned:	12/04/2013	Date of Injury:	09/23/2010
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation 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 patient is a 34-year-old female who reported an injury on 09/23/2010. The patient underwent L5-S1 fusion. The patient received extensive postsurgical physical therapy and had persistent low back pain and stiffness. An MRI revealed a grade 1 anterolisthesis of the L5 on S1. The most recent clinical evaluation indicates the patient has continued significant weakness in his dorsiflexion and plantar flexion of the right foot. The patient's diagnoses included low back pain status post surgical fusion. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4, lumbar spine: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The request for physical therapy 2 x 4, lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had a full course

of postsurgical physical therapy. The California Medical Treatment and Utilization Schedule recommends 34 visits in the postsurgical treatment of a fusion surgery. Although the clinical documentation does note continued weakness that could benefit from additional physical therapy, there are no objective quantitative measures to support the need for additional treatment. Also, the patient should be well versed in a home exercise program. The clinical documentation submitted for review does not provide any evidence to preclude further progress of the patient while participating in a home exercise program. Additionally, there are no exceptional factors noted within the documentation to support extending postsurgical physical therapy beyond Guideline recommendations. As such, the requested physical therapy 2 x 4, lumbar spine is non-certified.