

Case Number:	CM13-0041600		
Date Assigned:	12/20/2013	Date of Injury:	05/02/2012
Decision Date:	03/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Practice 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 43-year-old male who reported an injury on 05/02/2012. The mechanism of injury was not provided for review. The patient ultimately underwent lumbar fusion surgery at the L4-5 and L5-S1 followed by postoperative physical therapy. The patient's most recent clinical examination findings document that the patient has continued low back pain rated at a 7/10 to 8/10 radiating into the lower extremities. The patient has full normal range of motion of the lumbar spine with 5/5 strength in the bilateral lower extremities. The patient's treatment plan included continuation of medications for pain control and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

extension post-operative physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Low Back) Treatment Guidelines..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines, Section on Spinal Fusion, page(s) 24.

Decision rationale: The requested extension post-operative physical therapy for the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization

Schedule recommends up to 34 visits of physical therapy in the postoperative management of a patient who has undergone fusion surgery. The clinical documentation submitted for review does indicate that the patient has had postoperative physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain functional benefits obtained during supervised skilled therapy. The clinical documentation submitted for review does not indicate that the patient is currently participating in a home exercise program. Therefore, a short course of therapy would be indicated to re-establish and re-educate the patient's home exercise program. However, the request does not provide for duration. Therefore, medical necessity cannot be established. As such, the requested extension post-operative physical therapy for the lumbar spine is not medically necessary or appropriate.