

Case Number:	CM13-0042252		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2012
Decision Date:	03/12/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine 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:

This is a 59 year old man who was injured on Jan 5 2012 at work. He had a direct blow from a forklift and was diagnosed with herniated disks. He underwent L3-4 and L4-5 laminectomy on Apr 22 2013. [REDACTED] saw the patient on Oct 24 2013 for ongoing pain issues. He recommended a repeat MRI of the lumbar spine. On May 30 2013, an MRI of the lumbar spine showed mild to moderate congenital narrowing of the central canal. [REDACTED] saw the patient on Oct 8 2013, Oct 28 2013 and Nov 4 2013 for lumbar back pain and back stiffness and soreness which was thought to secondary to Physical Therapy sessions. Patient was advised to continue physical therapy. Physical therapy increased patient's soreness but improved strength. He completed 12 post-operative sessions. It was suggested that the patient have 8 additional physical therapy sessions, 2 times 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:

8 additional physical therapy visits, 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Low Back Complaints. Page(s): 98.

Decision rationale: The MTUS, lower back section in post surgical rehabilitation for laminectomy suggests 1 visit per week for 4 weeks. Per MTUS, postsurgical treatment period is 6 months with a total of 16 visits over 8 weeks. The patient completed 12 post-operative visits to physical therapy. Additional therapy would exceed the guidelines' recommendations and is not medically needed.