

Case Number:	CM13-0045873		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2012
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 claimant is a 60 year-old male who has a prior history work injury 8/11/12. He had a history of Right LS-SI hemilaminectomy and microdiscectomy, and foraminotomy. The patient completed 30 sessions of therapy and was released by the neurosurgeon. The AP noted, on 10/29/13, a request for physical therapy note documented the claimant was having lumbar spine pain with tenderness and spasm of the lumbar spine with x-rays noting the L5-S1 laminectomy defect. Discogenic syndrome was diagnosed,

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4, lumbar: 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: Physical therapy 3 times 4, lumbar is not medically necessary. The patient has had over the recommended post-op visits for his surgery. Exam findings do not indicate extenuating circumstance which would warrant further therapy at this point.