

Case Number:	CM13-0052520		
Date Assigned:	12/27/2013	Date of Injury:	08/04/2012
Decision Date:	03/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 52-year-old male who reported a work-related injury on 8/4/12. The patient experienced a sharp pain from his mid back traveling to the lower back while walking down a catwalk. The patient is currently diagnosed with displaced lumbar intervertebral disc, and thoracic/lumbar neuritis or radiculitis. The patient is status post left L5-S1 hemilaminectomy with microdiscectomy, medial facetectomy and foraminotomy on 5/1/13. The patient was seen by [REDACTED] on 5/17/13. The patient reported ongoing numbness in the left lower extremity. Physical examination revealed tenderness to palpation, decreased range of motion, decreased sensation to light touch and pinprick in the left L5 and S1 dermatomes, and 5/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

postoperative physical therapy three times a week for four weeks for the lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The California MTUS guidelines state that the initial course of therapy should be one half of the total number of visits recommended in the general course of therapy for the specific surgery. Postsurgical treatment following a discectomy or laminectomy includes 16 visits over eight weeks. The request for 12 postoperative physical therapy sessions at three times per week for four weeks exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is noncertified.