

Case Number:	CM13-0055993		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2005
Decision Date:	06/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 expert 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 an employee of [REDACTED] and has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of 08/26/2005. The treatment to date has included lumbar laminectomy in 2011, lumbar epidural steroid injection, and medications including Oxycontin, Norco, Zofran, prochlorperazine maleate, omeprazole, Lyrica, Senna and Miralax powder. The utilization review from 11/06/2013 denied the requests for six (6) postoperative home physical therapy visits for the lumbar spine, and twelve (12) postoperative outpatient physical therapy visits for the lumbar spine, because the requested right L5-S1 laminectomy/microdissection at left L2-3, L3-4 laminectomy/microdissection was likewise denied. Therefore, there was no need for the patient to undergo post-operative physical therapy sessions. The medical records from 2010 to 2013 were reviewed showing that patient has been complaining of chronic, moderate pain in his upper and lower back; however, remained asymptomatic following the thoracic and lumbar steroid injection. The average pain without medications was 10/10 and relieved to 4/10. Flare-ups of back pain resulted to hospitalization with the most recent on 09/03/2013. The physical examination showed tenderness to palpation mid-thoracic region. The range of motion was declined. Motor testing was 5/5 at all extremities. Sensation was intact. An MRI of lumbar spine, dated 09/05/2013, showed the development of a small 2.5mm left parasagittal disc protrusion without extrusion or sequestration compressing on the ventral aspect of the sac. There was also lateral recess stenosis on the right at the origin of the right S1 nerve root due to hypertrophic changes in the facets. Likewise, a 2.5 - 3mm left lateral disc osteophyte complex was seen projecting towards the emerging left nerve root in its foramen.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 POST OP HOME PHYSICAL THERAPY VISITS FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines indicate that the postsurgical treatment for diskectomy/laminectomy is recommended at sixteen (16) visits over eight (8) weeks. In this case, the contemplated procedure, right L5-S1 laminectomy/microdissection at left L2-3, L3-4 laminectomy/microdissection has been non-certified, which in turn nullifies postoperative treatment. Therefore, the request for six (6) postoperative home physical therapy visits for the lumbar is not medically necessary.

12 POSTOPERATIVE OUTPATIENT PHYSICAL THERPAY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines indicate that the postsurgical treatment for diskectomy/laminectomy is recommended at sixteen (16) visits over eight (8) weeks. In this case, the contemplated procedure, right L5-S1 laminectomy/microdissection at left L2-3, L3-4 laminectomy/microdissection has been non-certified, which in turn nullifies postoperative treatment. Therefore, the request for twelve (12) postoperative outpatient physical therapy visits for the lumbar spine is not medically necessary.