

Case Number:	CM13-0057309		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2012
Decision Date:	09/17/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family 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 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 injured worker is a 35 year old male who reported an industrial injury to the back on 7/30/2012, over two (2) years ago, attributed to the performance of customary job tasks reported as stepping on a screw ascending stairs and twisted his back. The MRI the lumbar spine dated 8/9/2013 documented evidence of no spondylolisthesis; right paracentral central left paracentral and lateral disc herniation at L5-S1 with right paracentral component more prominent; compression of the thecal sac and bilateral S1 nerve roots; contact with bilateral L5 nerve roots; moderate spinal canal compromise with mild facet arthropathy and ligamentum flavum hypertrophy; small 3 mm left lateral foraminal disc protrusion L4-L5 contacts the left L4 nerve root; no spinal stenosis. The patient has undergone conservative treatment that included physical therapy; acupuncture; chiropractic care; and a lumbar ESI. The requested surgical intervention to the lumbar spine with a left sided L5-S1 hemilaminotomy and microdiscectomy was assessed as not medically necessary. The 12 sessions of postoperative physical therapy directed to the postoperative lumbar spine was assessed as not medically necessary due to the fact that the surgical procedure was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of postoperative physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Postsurgical Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter--PT; exercises.

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend up to sixteen (16) sessions of physical therapy over 5-8 weeks for the lumbar spine laminectomies and discectomies. The requested surgical intervention to the lumbar spine of a laminectomy/microdiscectomy was not performed and was noncertified by UR. There is no demonstrated medical necessity for 12 sessions of postoperative physical therapy directed to the lumbar spine as there was no surgical procedure performed today.