MAXIMUS Federal Services

Case Number:	CM13-0058864		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2009
Decision Date:	07/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 records reflect that this is a 41-year-old administrative/records clerk who in December, 2009 developed nonspecific complaints of neck and low back pain. There is no specific mechanism of injury reported as there was a gradual onset of symptomology reportedly secondary to repetitive reaching overhead, pushing pulling and performing her usual and customary occupational requirements. There are multiple progress notes indicating ongoing complaints of pain irrespective of the multiple surgical interventions, injections completed and other treatment alternatives. There is an operative note dated January 2013 noting disc protrusions at two levels were addressed with epidural steroid injections. It was reported that there is a bilateral L4-5 radiculopathy. A follow-up visit dated July 2013 noted a repeat injection had been completed. The non-certification dated November 2013 noted a lumbar fusion had not been completed. The physicians progress note indicated the date of injury as December 8, 2009, and that there were complaints of neck pain (7/10) and low back pain. While participating in a home-based, self-directed exercise protocol emphasizing overall fitness and conditioning, the injured employee was noted to have fallen. Urine drug screening has been completed. Past surgical treatment has included left shoulder surgery. MRI studies of the lumbar spine noted disc desiccation at L4/5, a 2 mm disc protrusion associated with lumbar facet arthropathy.The treating provider has requested post-operative physical therapy for the lumbar spine, 36 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY FOR THE LUMBAR SPINE, 36 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the limited clinical information presented for review and noting that there is no lumbar fusion, the standards outlined for postoperative physical therapy are not met. There is no objectification of a fracture, artificial disc or similar intervention that would support such significant physical therapy. Medical necessity for the requested service has not been established. The requested service is not medically necessary.