

Case Number:	CM13-0059251		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2013
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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 patient is a 41 year old male who was injured on 6/20/13 while working as a landscaper. He bent over to carry a large plant when he felt an acute onset of back pain. Prior treatment history has included a left-side L4-L5 microdiscectomy on 9/27/13. Postoperatively, he completed eight sessions of physical therapy. A neurosurgery follow-up dated 11/11/13 states that the patient has been doing very well and is not taking any pain medications. He still has numbness, but his strength is improving. Physical therapy progress notes document the patient has completed eight sessions of physical therapy consistent with stabilization, posture education, body mechanics, and home exercise instruction. Initially, the patient presented with moderately limited lumbar spine range of motion and he was unable to heel walk. The patient has been doing well with his stabilization program, although the L5 motor weakness continues. He has subjective complaints of pain at night, as well as left foot numbness. The plan was to continue physical therapy twice a week for 4-6 weeks with an emphasis on progressing to an independent lumbar stabilization program and improving his functional and work activity abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice a week for six 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.

Decision rationale: The patient is status post L4-5 lumbar microdiscectomy on 9/27/13. Eight physical therapy visits were completed. Twelve more were requested. Guidelines recommend 16 post-operative visits for this surgery. History and examination findings do not support additional therapy in excess of guideline recommendations. Therefore, additional physical therapy is non-certified.