

Case Number:	CM13-0060041		
Date Assigned:	01/15/2014	Date of Injury:	06/07/2013
Decision Date:	05/09/2014	UR Denial Date:	11/14/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 38-year-old male who reported injury on 06/07/2013. The mechanism of injury was a twisting and lifting injury. The documentation of 10/31/2013 revealed the injured worker had low back pain and bilateral lower extremity radiculopathy. The physical examination revealed 4/5 weakness in bilateral dorsiflexion and plantar flexion. The plan was an L4-5 instrumented fusion and decompression, a back brace, external bone growth stimulator, Island Bandage, and physical therapy 3 x week x 6 weeks post operatively. The diagnoses included spondylosis, facet hypertrophy, lumbar pain, and radiculopathy.

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: 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): 10, 26.

Decision rationale: The California MTUS postsurgical treatment for a lumbar (fusion) is 34 visits over 16 weeks. The initial number of sessions is half of the total number of visits allowed. The request, as submitted failed to indicate the number of sessions being requested. The clinical

documentation submitted for review indicated the fusion was found to be not medically necessary. The request for post operative physical therapy for the lumbar spine therefore would not be medically necessary.