

Case Number:	CM13-0060288		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2012
Decision Date:	04/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 42-year-old male who reported an injury on 9/19/2012. The mechanism of injury was lifting. As a result of the injury, the patient developed lower back pain and conservative care was initiated. The physical methods failed to improve the patient's symptoms which continued to progress, radiating to the bilateral lower extremities. He also developed numbness and weakness and was being treated with medications. MRI performed on 3/6/13 revealed a desiccated disc at L4-5, with 2mm of retrolisthesis and a broad-based dorsal disc/spur complex compressing the bilateral L5 nerve roots. There was also a desiccated and narrowed disc at L5-S1, with a 3mm posterior bulge and a dorsal spur complex, but no displacement of the S1 nerve roots. Due to the failure of conservative care, the patient elected to proceed with surgical intervention. On 7/9/13, the patient received a partial corpectomy at L4, L5, and S1 with an anterior lumbar interbody fusion at L4-5 and L5-S1. There was insertion of an interbody cage at these levels, and a decompression with discectomy was also performed. Since the patient's surgery in July 2013, the patient began an unknown duration of physical therapy, but in the 10/21/13 clinical note, he noted to be sporadically attending. Also on this date, the patient stated he had a return of lower back pain and had developed numbness in his hands.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS/ACOEM practice guidelines recommend up to 16 postoperative visits for a discectomy/laminectomy and up to 34 postoperative visits for a fusion of the lower spine. It was noted in the prior determination letter that the patient was originally prescribed 14 sessions of physical therapy and was a no-show for 10 out of those 14 visits. There was no information submitted as to why the patient was not participating in physical therapy, nor were there physical therapy notes submitted for review. As the patient has a poor history of compliance and no therapy information was submitted, detailing the patient's benefit from this treatment, additional therapy is not indicated at this time. As such, the request for additional physical therapy is non-certified.