

Case Number:	CM13-0061613		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2012
Decision Date:	05/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in Interventional Spine, 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 51-year-old female with a date of injury of 01/25/2012. The listed diagnoses per [REDACTED] are disk herniations at L4 to L5 and L5 to S1 with lumbar instability and progressive neurologic deficits. According to report dated 11/04/2013 by [REDACTED], the patient presents with continued severe low back pain. The pain radiates from her low back into her right leg. She states the pain is at 8/10. Straight leg raise is positive on the right and negative on the left. MRI of the lumbar spine from 08/09/2013 revealed degenerative disk disease with central disk herniation at L4 to L5, disk herniation with degenerative disease and mild listhesis at L5 to S1. The treater states at this point, surgical intervention is indicated and warranted. The recommendation is for an anterior lumbar decompression at L4 to L5 and L5 to S1. Treater also requests a surgical assistant, postoperative medication and postoperative physical therapy twice a week for six weeks. The Utilization review is dated 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (Postsurgical) Page(s): 25, and 26.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting postoperative physical therapy twice a week for six weeks for the lumbar spine. In this case, review of the medical records does not indicate that this patient has had this procedure, nor has there been an authorization provided. The MTUS Postsurgical Guidelines pages 25 and 26, recommend for postsurgical treatment of the lumbar spine, 34 visits over 16 weeks. In this case, there is no indication that the patient has been authorized for this procedure. Given the patient has not been authorized for this surgery yet, recommendation is for denial.