

Case Number:	CM13-0067534		
Date Assigned:	01/03/2014	Date of Injury:	06/28/2011
Decision Date:	07/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/16/2013

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 New York. 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:

This is a 55-year-old male who sustained an injury on June 28, 2001. He has chronic back pain. The patient is diagnosed with multilevel discogenic back pain. The patient is greater than 2 levels of disc degeneration the lumbar spine. The patient has completed smoking cessation. The patient complains of worsening low back pain. The pain radiates to both legs. The patient is obese, has an intermittent smoking history. The medical records show no evidence of lumbar fracture, tumor, instability, with spondylolisthesis. The patient has had physical therapy, acupuncture treatments and medications without relief. The patient had 2 lumbar spine injections which did not improve symptoms. The patient taken Motrin for pain. There is no documentation of any instability on imaging studies. The MRI from November 2011 shows disc degeneration and bulging discs at L4-5 and L5-S1. There is also degenerative disc condition at L1 to and L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE-REVIEW FOR INITIAL POST-OP PHYSICAL THERAPY 2 TIMES A WEEK, LUMBAR SPINE, REPORT DATED 9/11/13 QTY: 12:00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: This patient does not meet criteria for lumbar surgery and thus does not need postoperative lumbar physical therapy. Specifically, there is no indication for lumbar fusion or decompression and the patient does not have documented significant neurologic deficit. Physical examination shows normal motor strength in the bilateral lower extremities. The medical records do not show any evidence of spinal instability, fracture, or tumor. In addition, the patient does not have any red flag indicators for spinal fusion. There is no indication for spinal fusion. Criteria for lumbar fusion and decompression not met. Since lumbar fusion and decompression is not medically necessary, then postoperative physical therapy is not needed.