

Case Number:	CM13-0071128		
Date Assigned:	01/08/2014	Date of Injury:	03/07/2009
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 44-year-old male with a date of injury on 3/7/2009. The patient has ongoing symptoms related to his lower back. He has a diagnosis of lumbar disc disorder. Subjective complaints are of severe low back pain that radiates to the left leg with weakness. Physical exam shows tenderness in the lumbosacral area at L5 midline, with full range of motion, and intact sensation and reflexes. There was 4/5 strength noted at the left hallucis longus, and positive left straight leg raise test. Lumbar MRI from 6/13 shows herniated disc at L4-5 on the left. Electromyography (EMG) from 12/10 shows evidence of bilateral mild L5 radiculopathy. Treatment has included medications, physical therapy, and two epidural steroid injections. Continued treatment with L4-5 lateral recess decompression surgery with post operative physical therapy is requested by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment x 8: Overturned

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): 26.

Decision rationale: CA physical therapy guidelines indicate 16 visits of physical therapy over 8 weeks for postsurgical treatment for intervertebral disc disorders (discectomy/laminectomy). For this patient, the request is for 8 visits for post operative therapy. The request is within the guideline recommended treatment protocol, therefore is medically necessary.