

Case Number:	CM14-0003209		
Date Assigned:	01/31/2014	Date of Injury:	04/08/1997
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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, has a subspecialty in Spine Surgery 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 injured worker is a 64 year old male with a reported date of injury on 04/08/1997. The injury reportedly occurred while the worker was performing his duties as a flight nurse. The injured worker complained of persistent low back pain and left leg pain and numbness. The injured worker underwent left L4-5 laminectomy and medial facetectomy on 08/14/2013. According to the progress note dated 12/05/2013 the injured worker stated he had not proceeded with physical therapy but did participate in home exercises and was able to ambulate independently with no particular issues. The provider noted the injured worker was able to stand on his toes as well as his heels bilaterally and indicated the injured worker was much improved. The injured worker's diagnoses included lumbar stenosis and lumbar disc herniation with radiculopathy. The injured worker's medication regimen included Naproxen, arginine-glutamine-calcium HMB, zyrtec, celexa, Plavix, and pravachol. The request for authorization for 12 post-operative rehab lumbar spine was submitted; however, it was not dated or signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OPERATIVE REHAB LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS guidelines recommend 16 visits of physical therapy over 8 weeks for postsurgical treatment (discectomy/laminectomy). The guidelines recommend a postsurgical physical medicine treatment period of 6 months. There is a lack of relevant post-operative documentation provided for review. The injured worker was post-op laminectomy and facetectomy on 08/14/2013. According to the progress note dated 12/05/2013 the injured worker stated he had not proceeded with physical therapy but did participate in home exercises and was able to ambulate independently with no particular issues. The provider noted the injured worker was able to stand on his toes as well as his heels bilaterally and indicated the injured worker was much improved. There is a lack of documentation regarding functional deficits and the goals of physical therapy. The rationale for the request for physical therapy is unclear as the surgical intervention was performed in 08/2013. Therefore, the request is not medically necessary.