

Case Number:	CM14-0004427		
Date Assigned:	02/05/2014	Date of Injury:	03/03/2010
Decision Date:	06/27/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 Fellowship 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:

Patient is a 58-year-old-male who has submitted a claim for spinal stenosis-lumbar, lumbar radiculopathy s/p bilateral laminotomy and lateral decompression associated with an industrial injury date of 3/3/2010. Medical records from 2013 were reviewed which revealed persistent pain from the back and hips down to the bilateral ankles mostly noted in the morning. His pain scale was 7/10. Pain increases to 8/10 with too much walking. Physical examination showed limited range of motion on the lumbosacral area secondary to pain. Straight leg raise, Fabere and Lesegue tests were positive on the right. EMG/NCV studies done on 2/24/2011 revealed mild acute L5 radiculopathy. Treatment to date has included L4/L5 bilateral laminotomy and lateral decompression, physical therapy and chiropractic sessions. Medications taken were Hydrocodone 7.5/325mg, Tramadol, Omeprazole, Naproxen, Chlorthalid, Temazepam, Aspirin, Gabapentin, Amlodipine, Metformin, Dulcolax and Lisinopril. Utilization review from 12/20/2013 denied the request for therapeutic exercises because there was no indication for further supervised therapy. Patient should be in a home exercise program by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC EXERCISE POST OPERATIVE: 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, , 26

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

Decision rationale: As stated on page 26 of Post-Surgical Treatment Guidelines, Low Back Section, physical therapy of up to 16 visits over 8 weeks is recommended as post-surgical treatment for patients who underwent discectomy/laminectomy. In this case, patient underwent laminotomy on 9/10/13. Medical records dated 12/13/13 indicated that he already had physical therapy post-laminotomy and had 50% improvement with his treatment sessions. However, total number of treatment session was not mentioned. In addition, patient should be well-versed in independent exercises by now. Furthermore, the current request failed to indicate the number of therapeutic sessions needed and body part to be treated. Therefore, the request for therapeutic exercise post operative is not medically necessary.