

Case Number:	CM14-0008616		
Date Assigned:	02/21/2014	Date of Injury:	04/02/2012
Decision Date:	06/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 55 year-old male who injured his back on 4/2/12 from lifting heavy, 100-pound trailer ramps. He has been diagnosed with lumbar discogenic pain and underwent far lateral discectomy at L4/5 on 9/13/13. According to the 12/2/13 orthopedic report, the patient had lower back pain radiating down the left leg, but after the surgery, the leg pain has resolved, but he still has some localized moderate pain at the surgical site. The surgeon requested 6-12 more sessions of PT, and placed him on modified duty for sedentary work, and tapering of pain medications. On 12/6/13 a chiropractic utilization reviewer for FORTE/Wellcomp, modified the PT request to allow 8 sessions and deny 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT POST OPERATIVE PHYSICAL THERAPY (3) THREE TIMES A WEEK FOR (4) FOUR WEEKS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: On 12/2/13, the patient presents with improving lower back and left leg pain following a 9/3/13, L4/5 discectomy. I have been asked to review for additional post-operative

PT x12. The MTUS postsurgical treatment guidelines for discectomy/laminectomy states the postsurgical physical medicine treatment period is 6 months. The general course of care is 16 sessions. MTUS states: "With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The PT records provided for this IMR show the patient has had 12 sessions of PT from 10/30/13 through 11/27/13. The surgeons reported resolution of leg symptoms, return to work modified duty, and tapering of pain medications, and noted some moderate localized pain at the surgical site and requested 12 additional PT sessions. There was functional improvement with the provided PT, and additional improvement could be accomplished. The request for 12 additional sessions of PT within the postsurgical treatment physical medicine treatment period is in accordance with the MTUS guidelines.