

Case Number:	CM14-0012256		
Date Assigned:	02/21/2014	Date of Injury:	08/08/2011
Decision Date:	08/01/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 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 40-year-old female who has submitted a claim for lumbar herniated disc status post back surgery (02/2010) and L5 revision laminectomy (08/19/2013) associated with an industrial injury date of 08/08/2011. Medical records from 10/30/2013 to 01/09/2014 were reviewed and showed that patient complained of low back pain graded 2-5/10 with associated numbness of bilateral lower extremities. Physical examination revealed tenderness over the left lumbar paraspinal muscles, right lumbosacral junction and left sacroiliac joint. There was limited lumbar ROM with flexion and slightly decreased ROM with rotation and extension. Treatment to date has included L5 revision laminectomy (08/19/2013), physical therapy, HEP, and pain medications. The utilization review, dated 12/31/2013, denied the request for post-operative PT lumbar spine because more PT cannot be given without documentation of functional improvement and program progression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post OP Physical Therapy Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to California MTUS Postsurgical Treatment Guidelines, the recommended postsurgical PT visits for laminectomy is 16 visits over 8 weeks. In this case, the patient has already completed 16 visits of postsurgical physical therapy. There was no objective evidence of acute exacerbation or exceptional factors to support additional PT visits. It is unclear as to why the patient cannot self-transition to HEP. Therefore, the request for Post-op Physical Therapy Lumbar Spine is not medically necessary.