

Case Number:	CM14-0015073		
Date Assigned:	02/28/2014	Date of Injury:	02/11/2013
Decision Date:	08/06/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 30-year-old male with a 02/11/2013 date of injury, while he injured his lower back after lifting heavy object at work. The patient underwent L4-L5 microdiscectomy in September 2013. A progress note from 10/21/2013 describes that the patient complains of intermittent low back pain with numbness in the right foot. The exam findings revealed negative straight leg test, motor strength 5/5 in all muscle groups and decreased light touch on the right big toe. The patient was seen on 01/06/2014 with complaints of frequent low back pain. An exam was not noted. A note dated 1/28/14 from the requesting physician stated that the patient was late to begin his physical therapy on 1/28/14 and apologized for any confusion regarding the current physical therapy request. The diagnosis is right-sided sciatica. A 04/10/2013 MRI (magnetic resonance imaging) of the lumbar spine: mild multilevel degenerative disc disease; L4-L5 right paracentral disc extrusion with caudal migration compressing on the right L5 nerve root; mild to moderate central canal stenosis; mild bilateral neural foraminal stenosis. L5-S1 mild bilateral neural foraminal stenosis and perineural cyst at the right S1 nerve root. The treatment to date: L4-L5 microdiscectomy and medication. The request dated 1/24/14 received an adverse determination given the patient was already approved for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine, two (2) to three (3) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS states that postsurgical physical therapy after discectomy is recommended for 16 visits over eight weeks. The patient had L4-L5 discectomy in September 2013. A note dated 1/28/14 from the requesting physician stated that the patient was late to begin his physical therapy on 1/28/14 and apologized for any confusion regarding the current physical therapy request. The request is not in accordance with the MTUS Postsurgical Treatment Guidelines. Therefore, the request for physical therapy lumbar spine two (2) to three (3) times a week for six (6) weeks is not medically necessary.