

Case Number:	CM14-0017842		
Date Assigned:	04/16/2014	Date of Injury:	02/05/2009
Decision Date:	06/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 Arizona. 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 51-year-old female who sustained a work-related injury on 2/5/2009 when she injured her back. Due to failure of nonsurgical treatment, the patient underwent a posterior foraminotomy at L4-L5 and L5-S1 in October of 2013. Examination on December 13, 2013, states the patient is doing extremely well. She has (2+) lumbar paraspinal muscle spasm and deep tendon reflexes are symmetrical. There is no motor or sensory deficit in the lower extremity and straight leg raise is negative. Examination on 1/17/2014, states the patient's leg pain is gone but she continues to have some back pain radiating to her buttocks. She has (2+) lumbar paraspinal muscle spasm, deep tendon reflexes are symmetrical, there is no motor or sensory deficits and straight leg raise is negative. Postoperatively the patient underwent 24 sessions of physical therapy. On 1/16/2014 a request for an additional 12 sessions was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY (12) SESSIONS FOR LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The MTUS Postsurgical Treatment Guidelines for laminectomy and foraminotomy is 16 visits over 8 weeks with a postsurgical physical medicine treatment period of 6 months. Additional physical therapy may be granted if there is documentation of significant functional improvement. Where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine. In this case, between the 2 examinations cited above there has been no significant functional improvement. In addition, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no documentation that the patient is on an active therapy regimen at home. The request post-operative physical therapy, 12 sessions for the lumbar spine is not medically necessary and appropriate.