

Case Number:	CM14-0159118		
Date Assigned:	10/02/2014	Date of Injury:	04/01/2013
Decision Date:	11/03/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine 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 had a date of injury on 4/1/13. Patient drove for long periods of time and started developing pain in his left leg radiating into his low back due to a bad seat in his car. MRI was done. Diagnosis include: Low back pain with radicular symptoms to left lower extremity and MRI findings of a 14mm disc extrusion at L4-L5. Patient had an epidural injection and started on Gabapentin, Tramadol and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy visits for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Fusion (spinal); ACOEM, Occupational Medical Practice Guidelines, pages 305-308

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Postsurgical treatment guidelines, page(s) 26

Decision rationale: According to guidelines Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks*Postsurgical physical medicine treatment period: 6 monthsPostsurgical treatment (arthroplasty): 26 visits over 16 weeks*Postsurgical physical medicine treatment

period: 6 months Postsurgical treatment (fusion): 34 visits over 16 weeks* Postsurgical physical medicine treatment period: 6 months Based on medical records there was no surgery performed therefore physical therapy is not medically necessary.