

Case Number:	CM14-0165883		
Date Assigned:	10/10/2014	Date of Injury:	02/21/2000
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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:

This is a 64-year-old male patient who reported an industrial injury to the back on 2/21/2000, over 14 years ago, attributed to the performance of his usual and customary job tasks. The patient was documented to have undergone and L3-S1 fusion with data surgery 3/22/2003. The patient was noted to complain of persistent back and bilateral leg pain, which was increasing with prolonged standing and walking. The objective findings on examination included tenderness about the lumbar paraspinal muscles and thoracic paraspinal muscles; spasms noted with motion; diminished range of motion of the lumbar spine; muscle strength 5/5; sensory examination revealed decreased sensation about the L5 dermatome bilaterally. The MRI of the lumbar spine documented evidence of slight spondylolisthesis at L3-L4 and annular tear; stenosis at L3-L4; pedicle screw instrumentation from L4 to the sacrum appears to be in appropriate position; interval development of a broad-based posterior disc protrusion, which was eccentric to the right, associate with moderate central canal stenosis and severe right lateral recess stenosis at the L3-L4 level; lateralization of the disc into the neural foramina along with facet arthropathy causing severe moderate right greater than left neural foraminal narrowing at the L3-L4 level. The patient was diagnosed with spinal stenosis, lumbar region without neurogenic claudication. The treatment plan included a request for surgical intervention with removal hardware and fusion inspection at L4-S1 along with 2 times 4 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, twice a week for four weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Postsurgical Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter--physical therapy; exercises

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend up to thirty-four (34) post-operative sessions of physical therapy over 16 weeks (after graft maturity) for the rehabilitation of lumbar spine fusions. The requested surgical intervention to the lumbar spine of a L4-S1 removal of hardware, fusion inspection, possible decompression L3-L4 posterior lateral fusion was screw fixation and allograft, and L3-L4 bilateral decompression was not demonstrated to have been authorized. There was a separate RFA for the postoperative authorization of 2 times 4 sessions of postoperative rehabilitation physical therapy; however, it was not associated with the approval or determination of medical necessity of the requested procedure. As there was no confirmation that the requested procedure was certified; there is no demonstrated medical necessity for 2 times 4 initial sessions of post-operative physical therapy directed to the lumbar spine. The requested postoperative physical therapy would be medically necessary if the requested procedure was authorized.