

Case Number:	CM14-0166934		
Date Assigned:	10/14/2014	Date of Injury:	10/17/2013
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 58-year-old female, who reported an injury on 10/17/2013. The mechanism of injury was not stated. The current diagnoses includes lumbar disc protrusion at L3-4, left lower extremity radiculopathy, lumbar degenerative disc disease, lumbar foraminal stenosis, left foot drop, and status post lumbar spine surgery. The injured worker was evaluated on 10/10/2014. It is noted that the injured worker is status post L3-4 laminotomy, L3-4 microdiscectomy, and decompression of the cauda equina and traversing and exiting nerve roots at L3-4 on 07/02/2014. The injured worker presented with complaints of ongoing lower back pain. The previous conservative treatment is noted to include physical therapy and medication management. The current medication regimen includes Ibuprofen 400 mg. Physical examination revealed mild tenderness to palpation with spasm. Treatment recommendations included additional physical therapy 3 times per week for 4 weeks. A Request for Authorization form was submitted on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times weekly for 4 weeks, lumbar spine QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a discectomy/laminectomy includes 16 visits over 8 weeks. The injured worker has completed an unknown amount of physical therapy to date. There is no documentation of significant functional improvement. There is also no documentation of a significant musculoskeletal or neurological deficit upon physical examination that would warrant additional treatment. As the medical necessity has not been established, the request is not medically necessary.