

Case Number:	CM14-0177529		
Date Assigned:	10/31/2014	Date of Injury:	02/23/2014
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 Surgeon 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 29 year old male who reported an injury on 02/23/2014 due to a fall. His diagnoses include spinal stenosis of the lumbar region. His past treatments were noted to include physical therapy, chiropractic therapy, and epidural steroid injections on 09/03/2014. The diagnostic studies were noted to include an MRI of the lumbar spine on 06/05/2014, which revealed L4-L5 disc protrusion with disc bulge and severe canal stenosis, and L3-L4 mild central canal stenosis. Pertinent surgical history was not provided. On 09/19/2014, the injured worker reported severe lumbar radicular pain, which was greater in his left leg than the right leg. He also reported not receiving benefit from the epidural steroid injections. The physical exam findings of the lumbar spine revealed diffused tenderness, decreased range of motion of forward flexion 30 degrees and extension 10 degrees, and right positive straight leg raise. He was subsequently recommended for lumbar decompressive surgery at the L4-5 level. His current medications include Naproxen, Cyclobenzaprine, Tramadol, and Pantaprazole. The treatment plan also included post-operative physical therapy for the lumbar spine of 3 times a week for 4 weeks. A rationale was not provided. A Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3 Times a Week for 4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter

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

Decision rationale: The California MTUS Guidelines recommend 16 visits of post-surgical physical therapy over 8 weeks as there is strong evidence of efficacy and positive outcomes. More specifically, the guidelines recommend an initial course of therapy of half of the recommended visits and with documented evidence of functional improvement, additional therapy would be supported. Although the injured worker was recommended for lumbar decompressive surgery, there was insufficient documentation to show the surgery has been authorized and/or performed. Additionally, the request did not indicate the targeted body part or body region receiving the therapy. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Post-operative Physical Therapy 3 Times a Week for 4 Weeks are not medically necessary.