

Case Number:	CM14-0181757		
Date Assigned:	11/06/2014	Date of Injury:	09/12/2013
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 46-year-old male. His date of injury was 09/12/2013. His mechanism of injury was not disclosed in the medical record. His diagnoses included low back pain, scoliosis, and bilateral lower extremity radiculopathy. His past treatments have included epidural steroid injections, medial branch blocks, and physical therapy. His diagnostic studies have included x-rays of the lumbar spine - date unknown, MRI of the lumbar spine on 12/05/2013 that indicated degenerative disc changes. His past surgical history is not included in the medical record. On 09/24/2014, he had complaints of continued severe pain in his back and pain that radiates down both legs rated an 8/10 on the VAS pain scale. His physical exam findings of 09/24/2014 indicated he has 4/5 weakness for dorsiflexion and plantar flexion bilaterally, 5/5 strength for knee extensions, no atrophy noted. The injured worker is able to ambulate without assistance. It is also noted in that physical exam that he participated in physical therapy in the past but was only able to tolerate 1 week and had to stop related to pain. His medications included gabapentin, cyclobenzaprine, and hydrocodone. His treatment plan on 09/26/2014 involved a request for surgery to include L4-S1 instrumented fusion and decompression. In the progress notes of 10/29/2014, the medical record indicates that his surgery was denied. The rationale for the request was not included in the medical record. The Request for Authorization form is signed and dated on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 18 Post-Operative Therapy 3x6 weeks for the Lumbar Spine, as outpatient: Upheld

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

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

Decision rationale: The request for 18 postoperative therapy 3x6 weeks for the lumbar spine, as outpatient is not medically necessary. The injured worker has a history of low back pain, scoliosis and bilateral lower extremity radiculopathy. The California MTUS Guidelines state that postsurgical fusion treatment with physical therapy is recommended for 34 visits over 16 weeks. Although the request falls within the guidelines perimeters, there is a lack of documentation to support that the surgery for the injured worker's L4-S1 fusion and decompression has been authorized. Therefore, the request is not medically necessary.