

Case Number:	CM14-0022326		
Date Assigned:	02/26/2014	Date of Injury:	04/06/2011
Decision Date:	08/27/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Surgery and is licensed to practice in Minnesota and South Dakota. 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 patient is a 56-year-old female with a 4/6/11 date of injury when she bent over. The patient is status post ACDF on 8/1/13. The patient also had low back pain and on 1/10/14 there were reports of 8/10 radiation low back pain, as well as insomnia. Clinically, there was positive SLR; lumbar spine tenderness/spams; weakness in EHL, tibialis anterior and peroneus longus (4/5); and decreased sensation over the L5 dermatome. It was noted that the patient has failed conservative treatment and decompression/fusion was requested at L4-5. It was noted that at this level there was instability and potential for collapse. 2/21/14 Progress note described worsening low back pain and intermittent neck and bilateral shoulder pain. Review of the request obtained an adverse determination. Associated requests, including 24 sessions of PT were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical necessity for the requested 24 sessions of PT is not established. Lumbar decompression/fusion at L4-5 was not found medically necessary due to lack of guideline compliance. The associated requests including postoperative PT were also not certified. While CA MTUS Postsurgical Treatment Guidelines supports up to 34 sessions of postoperative PT, as the surgical request was not found medically reasonable, postoperative PT is also not indicated.