

Case Number:	CM14-0022562		
Date Assigned:	05/09/2014	Date of Injury:	07/11/2013
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 39-year-old male the date of injury of July 11, 2013. He has chronic back pain. An MRI lumbar spine revealed L4-5 disc degeneration, a 5 mm disc protrusion, spinal stenosis at L4-5. At L5-S1 there is disc degeneration and a disc protrusion. There is some spinal stenosis both at L4-5 and L5-S1. The patient had a previous left hemilaminotomy at the level of L5. The patient has been taking muscle relaxants and medications. An x-ray showed this narrowing at L4-5 and L5-S1. Patient had a course of physical therapy and received 8 sessions for his neck and his low back with no relief of symptoms. The patient has failed non-operative conservative modalities such as chiropractic care, physical therapy epidural steroid injections. The treatment plan includes anterior posterior fusion and decompression at L4-5 and L5-S1. At issue is whether 36 postoperative visits are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 POST-OPERATIVE REHABILITATIVE PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 36 post-operative physical therapy visits are not supported by current guidelines and are not medically necessary after lumbar fusion surgery. MTUS guidelines

support 34 visits over 16 weeks post-op. Therefore the request for 36 post-operative physical therapy visits is not medically necessary after lumbar fusion surgery.