

Case Number:	CM14-0023566		
Date Assigned:	06/16/2014	Date of Injury:	01/15/2011
Decision Date:	08/11/2014	UR Denial Date:	01/13/2014
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 Mississippi. 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 42-year-old male who was reportedly injured on January 15, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated November 26, 2013, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. The physical examination demonstrated reduced lumbar spine range of motion with spasms and tenderness of the peril lumbar musculature. There was a positive sciatic stretch sign and a negative straight leg raise test. Diagnostic imaging studies reported and L4 - L5 and L5 - S1 disc herniation and severe L5 - S1 degenerative disc disease. There was a request for a posterior lumbar interbody fusion with instrumentation at L5 - S1. Previous treatment includes oral medication, physical therapy, and acupuncture. A request had been made for postoperative physical therapy of the lumbar spine twice a week for four weeks and was not certified in the pre-authorization process on January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY LUMBAR TWO TIMES A WEEK TIMES FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: According to the recent utilization management review dated January 15, 2014, and a rebuttal by a qualified medical examiner dated January 20, 2014, the injured employee has not been approved for lumbar spine surgery. Considering that the injured employee is not receiving lumbar spine surgery at this time then there is no subsequent need for postoperative physical therapy for the lumbar spine twice week for four weeks. Therefore, the request for postoperative physical therapy for the lumbar spine twice week for four weeks is not medically necessary and appropriate.