

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0024228 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 08/11/2010 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 37 year old male who was injured on August 11, 2010 while lifting a cement bucket sustaining pain to the lower back. Prior medications have included Norco and Naproxen. Prior conservative treatments have included a lumbar epidural steroid injection and physical therapy. An MRI of the lumbar spine dated May 15, 2013 was illegible. An interim report dated November 14, 2013 documents the patient to have pain and numbness as a result of the incident. An examination revealed decreased range of motion; positive straight leg raise on the right and 4/5 strength on the right. A recommendation was made for a discectomy at L4-S1 as well as postoperative physical therapy. Prior utilization review dated February 7, 2014 denied the post-op physical therapy since the requested surgery was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATION PHYSICAL THERAPY 3 TIMES A WEEK TIMES 3 WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The MTUS guideline above recommends physical medicine for radiculitis for "8-10 visits over 4 weeks." The California MTUS and ODG recommend physical therapy for intervertebral disc disorders without myelopathy for post-surgical treatment discectomy/laminectomy of 16 visits over 8 weeks. The medical records document that the patient was already receiving physical therapy with a plan to "complete already authorized by insurance". Per August 29, 2013 note by Dr. Etemad. Further, the documents show on November 14, 2013 the request for authorization for minimally invasive percutaneous discectomy at L4-S1, with request for physical therapy three times a week for three weeks for post operative rehabilitation. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.