

Case Number:	CM14-0027501		
Date Assigned:	06/13/2014	Date of Injury:	10/17/2013
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/04/2014

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 California. 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:

This 49 year-old patient sustained a low back injury on 10/17/13 after lifting a 40-pound box while employed by [REDACTED]. Request under consideration include 12 Additional Post-Operative Physical Therapy, 2x6 For Lumbar Spine. Diagnoses was lumbar disc displacement without myelopathy. MRI of the lumbar spine on 12/4/13 showed disc degenerative changes at L4-5 and L5-S1 with 6 mm disc protrusion at L4-5 causing right lateral recess narrowing. The patient underwent minimally invasive right L4-5 hemilaminotomy, medial facetectomy, foraminotomy, and microdiscectomy on 12/31/13 with subsequent 12 post- op physical therapy sessions. Report of 2/11/14 from the provider noted the patient with low back complaints. Exam showed lumbar range of flex/ext/lateral flexion of 25/10/12 degrees on right and 10 on left. Treatment included additional PT. The request for 12 Additional Post-Operative Physical Therapy, 2x6 For Lumbar Spine was non-certified on 2/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY, 2X6 FOR LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy: Intervertebral disc disorders without myelopathy.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. It has been 7 months since the patient's minimally invasive procedure without noted complications in which the patient has received at least 12 post-op PT visits. Submitted reports have not adequately demonstrated the indication to support further 12 visits of physical therapy beyond the guidelines criteria of 16 sessions without extenuating circumstances documented. The 12 additional post-operative physical therapy, 2x6 for Lumbar spine is not medically necessary and appropriate.