

Case Number:	CM14-0029285		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2012
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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:

The injured worker is a 41-year-old female who reported an injury on 10/29/2012 from cumulative trauma. The injured worker had a history of low back pain. The progress report dated 11/05/2013 revealed the injured worker is postop L5-S1 decompression and instrumented fusion on 08/05/2013. The injured worker continued to have left low back, left buttock, and left anterior thigh pain, which are unchanged from before the surgery. The injured worker has a diagnosis of status post L5-S1 decompression instrumented fusion. Diagnostic studies included x-ray of the lumbar spine showed hardware in place and an MRI on 11/19/2013 which revealed no canal foraminal stenosis and nerve root impingement. The clinical note dated 01/29/2014 of the lumbar spine revealed a well-healed 6 inch mid line surgical scar. There was muscle guarding and spasm. The range of motion of the lumbar spine revealed T-12 flexion at 70 degrees, flexion at 24 degrees, T-12 extension at 31 degrees, extension at 19 degrees, T-12 right at 30 degrees, right at 18 degrees, T-12 left at 31 degrees and left at 20 degrees. The injured worker complained of increasing pain towards terminal range of motion. There was paraspinal musculature tenderness to palpation. The clinical note dated 02/21/2014 revealed the injured worker had difficulty toe walking and heel walking on the left side with weakness. There was no tenderness to palpation in the lower lumbar area. The left leg had weakness and numbness that were unchanged from previous exam. Prior treatments have included medication management, urinary drug testing, pool therapy, physical therapy and injections until the middle of 2012 when the injections no longer provided relief. Medications included Percocet and Flexeril. The treatment request is for postoperative physical therapy 3 times a week times 6 weeks for the lumbar spine. The Request for Authorization was dated 02/19/2014. The rationale for request was not submitted within documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 x 6 of the Lumbar Spine.: Upheld

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

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

Decision rationale: The request for postoperative physical therapy 3 times 6 of the lumbar spine is not medically necessary. The injured worker has a history of lumbar spine pain. The injured worker is postop L5-S1 decompression and instrumented fusion on 08/05/2013. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend 16 visits of physical therapy over 8 weeks for intervertebral disc disorders without myelopathy postsurgical treatment (discectomy/laminectomy), with a postsurgical physical medicine treatment period for up to 6 months. The guidelines recommend 34 sessions of physical therapy over 16 weeks status post fusion. The injured worker has completed 22 sessions of physical therapy at this time. There is a lack of documentation of any improvement in range of motion or strength since the 11/13/2013 evaluation. The request for 18 visits is in excess of the recommended guidelines. As such, the request for a postoperative physical therapy 3 times a week for 6 weeks of the lumbar spine is not medically necessary.