

Case Number:	CM14-0031270		
Date Assigned:	04/09/2014	Date of Injury:	07/12/2010
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 claimant is a 53-year-old who injured his low back in work-related accident on August 26, 2005. A December 9, 2013, note describes chronic complaints of mid-back, low back, bilateral leg, knee and foot pain. The note further states that, following the claimant's initial injury, he has reported four additional work-related injuries for the low back, bilateral knees and left foot, as well as the thoracic and lumbar spine. The claimant describes no interval change in his current lumbar complaints. He has been treated in the past with injection therapy, medication management, activity modification and work modification. Physical examination findings demonstrate tenderness to palpation over the L5-S1 level with an antalgic gait pattern, spasm and diminished global strength to the right and left lower extremity. There was no documentation of reflexive or sensory loss. The claimant's working diagnosis is post-laminectomy syndrome with degenerative disc disorder and spondylosis. The date of the claimant's prior lumbar surgery is not known. Previous imaging available for review includes a December 18, 2012, CT scan of the lumbar spine, which showed multilevel degenerative findings with no acute pathology noted. An MRI performed on September 5, 2013, showed evidence of a 2-millimeter left-sided disc protrusion without neurocompression at L2-3. There was also evidence of a left lateral disc osteophyte complex at L3-4, resulting in foraminal narrowing and multilevel facet hypertrophy. At the most recent clinical assessment, there was a recommendation for multilevel surgical procedure. A prior treatment request was for an L2-3, L3-4 and L5-S1 laminectomy/microdiscectomy; a two- to three-day post-operative inpatient hospital stay; a post-operative LSO lumbar brace; a post-operative cold therapy unit for the lumbar spine; six sessions of home-based therapy post-operatively; and 12 sessions of outpatient physical therapy post-operatively. On January 7, 2014, this lumbar surgery was non-certified in Utilization Review. The

physical therapy prescribed for use after this surgery was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE OUTPATIENT PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWICE WEEKLY FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Rehabilitative Guidelines would not support the role of postoperative physical therapy in this individual, as there is no currently authorized surgery. With no documentation of a formal surgical process, the postoperative therapy is not medically necessary. The request for post-operative outpatient physical therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.