

Case Number:	CM14-0032435		
Date Assigned:	04/09/2014	Date of Injury:	02/01/1999
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 61-year-old male with a date of injury in 1999. He injured his back while lifting heavy wood. He's been diagnosed with lumbar disc degeneration. The patient had a discogram that causes discomfort and multiple discs. There was a prior fusion of L5-S1. The physical examination shows tenderness and spasticity in the cervical lumbar spine. The patient is taking multiple medications to include narcotics and muscle relaxants. He complains of headaches and chronic neck and shoulder pain. He also complains of chronic low back pain radiating to the right leg. The physical examination reveals no deformity of the lumbar spine. There is tenderness to palpation of the paravertebral muscles in the lumbar spine. Sensation is normal in the bilateral lower extremities. The range of motion of the lumbar spine is limited. The flexor strength is 4-5 in the ankle and dorsiflexion strength is 4-5 bilaterally. An MRI of the lumbar spine shows prior fusion of L5-S1. There is epidural fibrosis in the region of L1-2 and L2-3 with disc degeneration at L3-4 and L4-5 levels. At L4-5 there is a 2 mm disc osteophyte complex. There is no evidence of severe stenosis. The patient is status post C5-C7 anterior fusion. At issue is whether an additional fusion surgery and postoperative physical therapy are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) INITIAL POSTOPERATIVE PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: This patient does not meet the established criteria for additional lumbar fusion surgery. Specifically, the medical records do not document any evidence of lumbar instability on flexion-extension x-rays. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. The patient is early had two (2) fusion surgeries. Additional fusion surgery for chronic spinal pain is not likely to be successful. The patient does not meet criteria for additional fusion surgery. No instability is documented in the medical records. Fusion surgery is not medically necessary. Since the fusion surgery is not medically necessary, there is no need for postoperative physical therapy. Since requirements for fusion surgery have not been met, postoperative physical therapy is not medically necessary.