

Case Number:	CM14-0038387		
Date Assigned:	06/25/2014	Date of Injury:	03/23/2011
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 underlying date of injury in this case is 03/23/2011. The patient's diagnosis is residual sciatica status post a prior laminectomy for lumbar spinal stenosis. On 03/14/2014, the patient's treating orthopedic surgeon saw the patient in followup. The patient was working 5 hours per day. The patient reported bilateral lower extremity pain which had increased. The patient was felt to have lumbar stenosis with sciatica. Additional physical therapy was recommended. On 04/25/2014, the treating physician recommended that a request for physical therapy be reconsidered and approved due to a flare in regards to the patient's lumbar spine as well as the patient's present work activities. On 06/05/2014, the treating physician again noted the patient's physical therapy had been denied. The treating physician noted that the patient had not had any physical therapy since having a laminectomy. The patient's symptoms were noted to be aggravated by repetitive bending and prolonged sitting. An initial physician review recommended non-certification of physical therapy, indicating that there was no indication that the patient was unable to perform a home exercise program, and noting that with the diagnosis of spinal stenosis it was unlikely that physical therapy would provide lasting improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy, three sessions per week for two weeks to the lumbar spine:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines recommend after decompression surgery for the spine 16 visits over 8 weeks. An initial physician review in this case indicated that there was no indication that the patient would be unable to perform a home exercise program and that there would be no benefit because of lumbar stenosis; however, several treating physician notes indicate that this patient has never had postoperative physical therapy. While the treatment guidelines emphasize independent home rehabilitation, the guidelines do clearly recommend physical therapy for training in such a home exercise program. The guidelines do very specifically recommend physical therapy in this patient's particular postoperative clinical situation; there is no indication in the treatment guidelines to suggest that this patient's diagnosis would not be helped by physical therapy including instruction in a home exercise program. For these reasons, the treatment request is consistent with the treatment guidelines. This request is medically necessary.