

Case Number:	CM14-0047024		
Date Assigned:	07/02/2014	Date of Injury:	01/21/2009
Decision Date:	08/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 59 year old female who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis not otherwise specified associated with an industrial injury date of 01/21/2009. Medical records from 12/10/2012 to 06/25/2014 were reviewed and showed that the patient complained of lumbar spine pain (grade not specified) radiating down the lower extremities with pain, paresthesia, and numbness. Physical examination revealed spasm, tenderness, and guarding in the lumbar paravertebral muscles with loss of ROM. Sensation to light touch was decreased bilaterally in L5-S1 dermatomal distribution. An MRI of the lumbar spine dated 11/18/2012 revealed straightening of the lumbar spine, L2-3 disk bulging, L3-4 disk bulging with severe central and bilateral lateral recess stenosis, L4-5 disk bulging with bilateral L4 nerve root impingement, L5-S1 disk bulging with bilateral lateral recess stenosis, and right L5 nerve root impingement. An EMG/NCV study of the lower extremities dated 11/20/2012 was unremarkable. Treatment to date has included physical therapy, a walker with seat, and pain medications. A utilization review dated 03/24/2014 partially certified the request for post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy lumbar times eighteen (18) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Guidelines recommend 16 post-operative visits over 8 weeks for discectomy/laminectomy procedures. In this case, the patient was still unable to obtain medical clearance for her lumbar microdecompressive surgery due to diabetes. There was no recent documentation of medical clearance to allow microdecompressive surgery. Furthermore, 18 physical therapy visits exceeds the MTUS Guidelines' recommendation of 16 visits. It is unclear as to why variance from the MTUS Guidelines is needed. Therefore, the request is not medically necessary and appropriate.