

Case Number:	CM14-0053475		
Date Assigned:	07/07/2014	Date of Injury:	12/15/2012
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neurological 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 records, presented for review, indicate that this 32-year-old individual was reportedly injured on 12/15/2012. The mechanism of injury was noted as pushing injury. The most recent progress note, dated 3/24/2014, indicated that there were ongoing complaints of low back pain that radiated to the right lower extremity. The physical examination demonstrated lumbar spine examination of the injured employee's back today, which revealed ongoing pain and sciatica into the right posterior thigh. The recent diagnostic studies were not available for review. Previous treatment included previous surgery on 11/22/2013, cortisone injection, physical therapy 4-5 sessions, and medications. A request had been made for physical therapy for lumbar spine 3 x a week x 4 weeks #12 and was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions to the lumbar spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines do recommend postoperative physical therapy for patients who underwent a dissecting/laminectomy. Authorization of the number of visits include 16 visits over 8 weeks. After review of the medical records provided, it was noted

the injured worker has attended 4-5 sessions of physical therapy. The above request for #12 sessions of physical therapy exceeded the recommended number of physical therapy visits for the surgical procedure. Therefore, as currently requested, this request is deemed not medically necessary.