

Case Number:	CM14-0057426		
Date Assigned:	07/09/2014	Date of Injury:	04/09/2003
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old male who reported an injury on 04/09/2003. The mechanism of injury was not provided. On 06/18/2014, the injured worker presented with improvements in lower back and radicular leg pain. The injured worker was status post a left-sided L4-5 microdecompression surgery. Upon examination of the lumbar spine, there were spasms upon palpation over the spinous process and flexion and extension limited due to pain. There was a positive straight leg raise to the left and a positive Lasgue's to the left. The diagnoses were spinal stenosis of the lumbar status post lumbar decompression at L4-5. The provider recommended post-op physical therapy 2 times 8 for 6 weeks to the lumbar. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 x week x 6 weeks, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for post-op physical therapy 2 times a week for 6 weeks for the lumbar is non-certified. The California MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after the completion of a general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine. The guidelines recommend 16 visits over 8 weeks with a physical medicine treatment period of 6 months. The provided documentation lacked evidence of a measurable baseline against which to measure the efficacy of the physical therapy being requested. Additionally, the examination of the lumbar noted muscle spasms palpable with flexion and extension limited due to pain; however, there were no measurable deficits to warrant physical therapy. As such, the request is non-certified.