

Case Number:	CM14-0057597		
Date Assigned:	07/09/2014	Date of Injury:	05/20/2010
Decision Date:	08/13/2014	UR Denial Date:	04/25/2014
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 Orthopedic Surgery and is licensed to practice in Indiana and Ohio. 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:

A 55 year old male was injured on May 20, 2010. The member complains of lumbar spine pain. The member has not worked since August 18, 2010. As of a February 11, 2014, the member complains of continuous dull to occasional sharp pain in the lower back with radiation to his buttocks, left leg and left foot with numbness and tingling, and worsening pain with coughing, sneezing, bowel movements, and prolonged standing, walking, and sitting. The member has been treated with analgesics, rest, and a TENS (Transcutaneous Electric Nerve Stimulation) unit without relief of his symptoms. On physical examination, the member has a limited ROM (Range of Motion) of the lumbar spine with mildly positive nerve root tension signs bilaterally but with a normal motor, sensory, and reflex examination of both lower extremities. As of January 2014, the member was treated with Naproxen and Gabapentin. The member did have an MRI of the lumbar spine dated November 6, 2013 which revealed disc herniations at L3 - S1. The member was diagnosed with chronic low back pain, L3-4 stenosis, multilevel lumbar intervertebral disc herniations with left lower extremity polyradiculopathy, and left piriformis myopathy. A request has been made for decompression of the lumbar spine at L5-S1 and fusion. The requested postop physical therapy had been denied as the surgery has not yet been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) initial post-op physical therapy visits for the lumbar spine, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Although physical therapy is effective following disc herniation surgery (up to 20 sessions over 12 weeks) according to the MTUS 9792.24.3 Postsurgical Treatment Guidelines, in this member's case, the requested treatment is not medically necessary as the surgical procedure itself has not yet been certified. Therefore, the request of twelve (12) initial post-operative physical therapy visits for the lumbar spine, 2 times a week for 6 weeks is not medically necessary and appropriate.