

Case Number:	CM14-0062741		
Date Assigned:	07/11/2014	Date of Injury:	03/31/2012
Decision Date:	12/02/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 23 year old male who reported injury on 03/31/2012. The mechanism of injury was lifting. His diagnoses included lumbar muscle spasm, disc protrusion and radiculopathy. His past treatments included epidural steroid injections and acupuncture. Diagnostic studies included a myelography on 02/12/2014 and an MRI of the lumbar spine on 05/22/2013. There were no past surgeries noted within the documentation. On 06/05/2014 the injured worker reported leg and significant back pain with discomfort. The physical findings included diminished sensation and weakness to the S1 distribution. The injured worker had a positive straight leg raise in the sitting and the supine position with pain in the left S1 distribution. No medications were noted within the documentation. The treatment plan included a recommendation for lumbar decompression and fusion. The physician's rationale for the request was not provided within the documentation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 xs week x 4 weeks, lumbar spine: Upheld

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

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

Decision rationale: The request for Post-op Physical Therapy 2 xs week x 4 weeks, Lumbar Spine is not medically necessary. The California MTUS Guidelines recommend 34 sessions of physical therapy over 16 weeks after a fusion. The injured worker has had acupuncture and a lumbar epidural steroid injection which were ineffective. There is a lack of documentation indicating the surgery for lumbar decompression and fusion has been approved and will be performed in the near future. As such, the request for post-operative physical therapy 2 xs week x 4 weeks, lumbar spine is not medically necessary.