

Case Number:	CM14-0073638		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2008
Decision Date:	10/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 Family Medicine 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:

This is a 47-year-old patient who reported an industrial injury on 9/3/2008, over six (6) years ago, attributed to the performance of usual and customary job tasks reported as a fall wall climbing down the ladder. Patient reported pain to his back and his knee. The patient was diagnosed with acute lumbar strain and multilevel stenosis, congenital spine stenosis and disc bulging; right knee injury status post arthroscopy 2009; hypertension; diabetes mellitus; morbid obesity with a BMI of 42.8 and high cholesterol. The patient was evaluated for ongoing lower back pain radiating into the bilateral lower extremities. The objective findings were limited to decreased lumbar range of motion; diffuse tenderness; SLR positive; decreased sensation in the bilateral lateral and posterior calves; strength to the EHL was 4/5. X-rays of the lumbar spine demonstrated disc degeneration with collapse at L4-L5, L5-S1 with bilateral foraminal narrowing; to millimeter retrolisthesis at L4-L5 and L5-S1 with extension that translated to a proxy one millimeter of anteriorolisthesis was flexion for a total of 3 mm translation at L4-L5 and L5-S1. The MRI the lumbar spine documented evidence of congenital spine stenosis with this bulging. The treatment recommendation included L4-L5 and L5-S1 transforaminal and posterior fusion with pedicle screws and bone graft with laminectomy decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy 2 x 6 weeks-Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Postsurgical Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter--PT; exercises

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend up to thirty-four (34) post-operative sessions of physical therapy over 16 weeks (after graft maturity) for the rehabilitation of lumbar spine fusions. The CA MTUS and the Official Disability Guidelines recommend up to sixteen (16) sessions of physical therapy over 5-8 weeks for the lumbar spine laminectomies and discectomies. The requested surgical intervention to the lumbar spine of a lumbar spine L4-L5 and L5-S1 fusion was not performed and was noncertified by UR. There is no demonstrated medical necessity for 12 sessions of postoperative physical therapy directed to the lumbar spine as there was no surgical procedure performed since it was not authorized