

Case Number:	CM14-0080218		
Date Assigned:	07/18/2014	Date of Injury:	11/19/2011
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 42-year-old female who reported an injury on 11/19/2011. The mechanism of injury was lifting. She is diagnosed with lumbar disc displacement. Her past treatment was noted to have included medications, physical therapy, home exercises, psychological treatment, epidural steroid injections, use of a transcutaneous electrical nerve stimulation (TENS) unit, Cortisone injections, and acupuncture. On 03/21/2014, the injured worker complained of low back pain with occasional radiation to the bilateral lower extremities. Her physical examination was noted to reveal decreased range of motion of the low back, tenderness to palpation over the lumbar region, normal motor strength in the bilateral lower extremities, normal reflexes, positive right straight leg raise, and negative left straight leg raise. Her medications were noted to include Motrin, Prilosec, Vicodin, and Zanaflex. The treatment plan included surgical intervention with an artificial lumbar disc replacement at L3-4 and L4-5, as well as an anterior interbody fusion at L4-5. A Request for Authorization for an artificial disc replacement, preoperative medical clearance, and postoperative physical therapy was submitted on 04/24/2014. A clear rationale for the requested postoperative physical therapy was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for twelve weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 20.

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

Decision rationale: According to the California MTUS Postsurgical Guidelines, postoperative physical therapy may be supported, up to 18 visits, after an artificial disc surgery in the low back. However, the guidelines also state that an initial course of postoperative physical therapy should be equal to 1 half of the total number of visits specified. Therefore, an appropriate initial course of postoperative physical therapy after an artificial disc surgery would be up to 9 visits. The clinical information submitted for review indicated that the injured worker was recommended for a disc replacement surgery. However, the documentation failed to show evidence that the surgery had been approved or performed in order to warrant postoperative physical therapy. In addition, the request for visits 2 times a week for 12 weeks exceeds the guideline recommendation for an initial course of up to 9 visits. For the reasons noted above, the request is not medically necessary.