

Case Number:	CM14-0083550		
Date Assigned:	07/21/2014	Date of Injury:	10/19/1998
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Internal 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:

A progress note dated 05/19/2014 indicates that the patient was status post L2 to S1 laminectomy and fusion on 10/29/13. The patient is doing fairly well postoperatively. She does continue to have low back pain since surgery. The patient continues to complain of low back pain with radiation into the right hip and lateral thigh. She has no symptoms distal to the knee. She is currently taking Flexeril, Oxycontin, and Percocet. She is walking two blocks every day with the use of her cane. Physical examination documented the following findings: The patient is alert, oriented, pleasant, and appears in no acute distress. She is able to ambulate throughout the exam room without the use of assistive devices. Gait is minimally antalgic favoring the right lower extremity. Posterior examination of the spine documents normal cervical and lumbar contours. Muscle strength of the lower extremities is 5/5 with regard to the iliopsoas, quads, gluteus, hamstrings, hip abductors, adductors, tibialis anterior, gastrocs; Extensor Hallucis Longus are symmetric bilaterally. Straight leg raise is negative bilaterally in the sitting position. MRI of the lumbar spine dated 05/15/2014 reveals postoperative changes regarding her L2 to S1 fusion. There are no significant new findings of nerve compression. Diagnoses were (1) status post L2 to S1 laminectomy and fusion (2) low back pain (3) right lumbar radiculopathy. Treatment plan included prescription for continuation of physical therapy. Utilization review dated May 22, 2014 documented that the patient has already had 55 sessions of therapy post-op surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Additional Physical Therapy for the Lumbar Spine 2-3 times a week for 4-6 weeks.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines provides physical therapy (PT) and physical medicine visit recommendations for low back conditions. For discectomy/laminectomy, 16 visits over 8 weeks are recommended. For fusion, 34 visits over 16 weeks are recommended. A progress note dated 05/19/2014 documented L2 to S1 laminectomy and fusion on 10/29/13. Physical examination demonstrated gait minimally antalgic, able to ambulate throughout the exam room without the use of assistive devices, normal cervical and lumbar contours, muscle strength of the lower extremities 5/5, straight leg raise negative. MRI of the lumbar spine dated 05/15/2014 revealed postoperative changes regarding her L2 to S1 fusion, with no significant new findings of nerve compression. Utilization review dated May 22, 2014 documented that the patient has already had 55 sessions of post-op therapy, which exceeds the MTUS recommended quantity of PT visits after lumbosacral spine surgery. The request for an additional 18 PT visits, exceeds the MTUS guideline recommendations. Therefore, the request for 18 Additional Physical Therapy for the Lumbar Spine 2-3 times a week for 4-6 weeks is not medically necessary.