

Case Number:	CM14-0086075		
Date Assigned:	07/23/2014	Date of Injury:	01/11/2012
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The patient is a 34-year-old male with a 1/11/12 Date of injury. 4/29/14 Progress note described low back pain (7/10). Current medications include Soma and Norco. PT was requested. The patient was noted to not be attending PT at this time. 6/10/14 Progress note described 6/10 postoperative low back pain with numbness and stiffness o the lower extremities. The patient continues to utilize Norco and Soma. No comprehensive physical examination was documented. PT was re-requested. 6/11/14 Letter of appeal documented that the patient has not had any postoperative PT following the 2/26/14 dural tear repair. There is continued low back pain with tingling in the bilateral lower extremities. 6/18/14 Progress note described continued low back pain with tenderness to palpation; stiffness in all directions with moderate amount of low back pain. SLR was positive bilaterally. The patient is status post laminotomy at L3-4 and L4-5 bilaterally (2/26/14) and has not had any post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative Physical Therapy for the Lumbar spine 2 to 3 times weekly for 4 weeks as outpatient #14 between 5/26/14 and 7/10/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical necessity for the requested 12 sessions of postoperative physical therapy is established. The patient underwent laminotomy at L3-4 and L4-5 bilaterally (2/26/14) to repair a dural tear and has not had any postoperative treatment. There remains tenderness at the surgical sight with stiffness in all directions and increased pain with movement. CA MTUS postoperative guidelines support postoperative physical therapy to address residual symptoms and provide for optimal postoperative recovery.