

Case Number:	CM14-0086600		
Date Assigned:	07/25/2014	Date of Injury:	03/01/2013
Decision Date:	09/23/2014	UR Denial Date:	05/17/2014
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 Emergency 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 injured worker is a 51 year-old male, who sustained an injury on March 1, 2013. The mechanism of injury occurred from moving a large box and from cumulative trauma. Diagnostics have included: December 7, 2013 lumbar MRI reported as showing multilevel disc degeneration and L4-5 disc extrusion with nerve root displacement; EMG/NCV dated February 5, 2014 was reported as being normal. Treatments have included: medications, physical therapy, acupuncture, work restrictions, right L4-5 microdiscectomy. The current diagnoses are: lumbar disc displacement, right-sided L5 radiculopathy. The stated purpose of the request for Therapeutic Exercises, 8 visits over 4 weeks, was to provide post-operative rehabilitation. The request for Therapeutic Exercises, 8 visits over 4 weeks, was modified for 8 post-operative physical therapy sessions on May 16, 2014, noting that post-operative physical therapy guideline recommendations for this condition were 16 sessions with half being during the initial phase. Per the report dated April 30, 2014, the treating physician noted complaints of back pain with radiation to the right lower extremity along with weakness, numbness and tingling. Exam findings included a positive right -sided straight leg raising test with weakness of the right foot and ankle and absent right-sided ankle reflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises, 8 visits over 4 weeks.: Upheld

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

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

Decision rationale: The requested Therapeutic Exercises, 8 visits over 4 weeks, is not medically necessary. Post-Surgical Treatment Guidelines, Low Back, Intervertebral disc disorders without myelopathy, Post-surgical treatment (discectomy/laminectomy), Page 26, recommend up to 16 post-op physical therapy sessions for this condition, and the "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." The injured worker has lower back pain with radiation to the right lower extremity along with weakness, numbness and tingling. The treating physician has documented a positive right -sided straight leg raising test with weakness of the right foot and ankle and absent right-sided ankle reflex. The injured worker has been approved for a lumbar laminectomy/discectomy. The referenced guidelines call for the initial phase of post-op treatment to be half of the recommended maximum number of physical therapy sessions and further such physical therapy authorizations dependent on documented objective evidence of derived functional improvement. The criteria noted above not having been met, Therapeutic Exercises, 8 visits over 4 weeks, is not medically necessary.