

Case Number:	CM14-0095579		
Date Assigned:	07/25/2014	Date of Injury:	11/13/2008
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine & Rehabilitation 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 53 year-old patient sustained a cumulative trauma injury from repetitive motion on 11/13/08 while employed by [REDACTED]. Request under consideration include Physical medicine procedure (18 sessions of post-operative physical therapy for the lumbar spine). Diagnoses include lumbosacral spondylosis. Report from the provider noted the patient with multiple symptom complaints involving the neck, upper back, mid back, and low back radiating to both legs associated with numbness and tingling. Conservative care has included medications, therapy, lumbar epidural steroid injections with temporary relief, and modified activities/rest. Report on 5/20/14 shows exam findings of positive bilateral SLR; motor strength of 5/5 throughout lower extremities except for 4/5 and gastroc/peroneus; DTRs 1-2+ symmetrically. MRI of lumbar spine dated 3/31/11 showed 2 mm spondylolisthesis of L5 with mild disc protrusion and spinal neuroforaminal narrowing. Report of 5/30/14 noted unchanged low back pain with radiating symptoms in bilateral legs. Exam noted unchanged from 5/20/14 visit with plan for reiterating surgery request. Request for anterior posterior lumbar fusion at L5-S1 was non-certified on 6/10/14; thereby post-operative treatment of PT is not indicated. The request for Physical medicine procedure (18 sessions of post-operative physical therapy for the lumbar spine) was non-certified on 6/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine procedure (18 sessions of post-operative physical therapy for the lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition, Low Back- lumbar spinal fusion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy; Postsurgical treatment (fusion): 34 visits over 16 weeks; Postsurgical physical medicine treatment period: 6 months.

Decision rationale: MTUS Guidelines, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support for the post-op physical therapy as the lumbar surgery in requested has been non-certified without any new information or authorization for the treatment. The Physical medicine procedure (18 sessions of post-operative physical therapy for the lumbar spine) is not medically necessary and appropriate.