

Case Number:	CM14-0096636		
Date Assigned:	07/28/2014	Date of Injury:	08/12/2012
Decision Date:	09/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year old male was reportedly injured on 8/12/2012. The mechanism of injury is undisclosed. Most recent progress note, dated 4/25/2014. Indicates that there are ongoing complaints of chronic low back pain that radiates down the right lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation left more than right over the lumbar posterior spinous processes and paravertebral muscles, forward flexion 20 degrees, use of upper extremities assistance to come to an upright position, extension 10 degrees with pain in both buttocks left more than right, lateral bending 15 degrees bilaterally, weakness in the left lower extremity, and straight leg raise is positive on the left with pain at 80 degrees. Diagnostic imaging studies mentioned an MRI of the lumbar spine which shows a focal spinous stenosis at the L4 to L5 and L5 to S1 level was worse symptoms being at the L5 to S1. Previous treatment includes previous epidural steroid injections, physical therapy, medications, and conservative treatment. A request was made for physical therapy of the lumbar spine quantity twelve and was not certified in the preauthorization process on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Lumbar Physical Therapy x12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical Treatment Guidelines authorized sixteen visits of postoperative physical therapy over eight weeks. After review the medical documentation provided the patient has been recommended for surgery, but there is no documentation of surgery has been performed at this point in time. Therefore without documentation validating the patient's postsurgical status this request is deemed not medically necessary.