

Case Number:	CM14-0099903		
Date Assigned:	07/28/2014	Date of Injury:	09/18/2009
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Illinois. 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 58-year-old male who reported an injury on 09/18/2009. The mechanism of injury was not provided for clinical review. The diagnoses include severe degenerative disc disease at L5-S1, severe stenosis at L5-S1, facet arthropathy of the lumbar spine, lumbar radiculopathy, and status post left shoulder surgery on 03/18/2013. His treatments included epidural steroid injections, surgery, trigger point injections, medication, and 36 sessions of physical therapy. Within the clinical note dated 03/16/2014, it was reported the injured worker complained of pain which continued to worsen. He reported his pain is severe. He described the pain as aching, stiffness, cramping in the neck that radiated into the left shoulder. He rated his pain 10/10 in severity. He complained of low back pain rated 10/10 in severity. On physical examination, the provider noted tenderness to palpation of the cervical and lumbar paraspinal muscles. The range of motion of the cervical and lumbar spine was decreased in all planes. The injured worker had decreased sensation in the bilateral C6 and C7 dermatomes. The injured worker had a negative straight leg raise on the right. The provider requested postoperative physical therapy; however, a rationale was not provided for clinical review. The request for authorization was submitted and dated 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical therapy for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 32.

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

Decision rationale: The request for postoperative physical therapy for the lumbar spine is not medically necessary. The injured worker complained of back pain which he rated 10/10 in severity. The California Post-Surgical Treatment Guidelines note, as compared with not therapy, therapy up to 20 sessions over 12 weeks following disc herniation surgery was effective. Because of the limited benefits of therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. The guidelines note post-surgical treatment for discectomy/laminectomy is 16 visits over 8 weeks. The guidelines note a post-surgical physical medicine treatment period of 6 months. The provider failed to document whether the injured worker had decreased functional ability or decreased strength and flexibility. There is lack of documentation indicating the efficacy of the previous course of care. Therefore, the request is not medically necessary.