

Case Number:	CM13-0032784		
Date Assigned:	06/06/2014	Date of Injury:	07/12/2012
Decision Date:	03/24/2015	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 industrial injury on July 12, 2012. He has reported a back injury. The diagnoses have included recurrent disc herniation at L5-S1, lumbar right radiculopathy. Treatment to date has included medications, radiological imaging, previous back surgery in 2001, and injections. Currently, the IW complains of low back pain with radiation into the right leg, and associated with numbness, tingling, and weakness of the right leg. Physical findings indicate a zero reflex of the right ankle. A positive straight leg raise test is noted, and a decreased Babinsky's. Range of motion of the lumbar spine is noted to have a 25 percent loss. The records indicate a magnetic resonance imaging of the lumbar spine was completed in August 2012, which revealed a small disc bulge, x-rays of the lumbar spine revealed disc space narrowing, and a magnetic resonance imaging of the lumbar spine on July 25, 2013, revealed degenerative disc disease. A request was made on 7/31/13 to undergo surgical intervention consisting of anterior lumbar decompression and revision fusion at the L5-S1 level with allograft, interbody cage, and anterior lumbar planting. Post operative physical therapy is also requested. On September 3, 2013, Utilization Review non-certified urgent post-op physical therapy, two times weekly for six weeks for the lumbar spine, based on MTUS guidelines. On October 3, 2013, the injured worker submitted an application for IMR for review of urgent post-op physical therapy, two times weekly for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT POST-OP PHYSICAL THERAPY 2X WK X 6 WKS LUMBAR: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: The IMR is for a request of for post-surgical PT following a request from 7/31/13 for lumbar fusion. The peer reviewer denied the post-operative physical therapy stating that "since the surgery is not necessary. Therefore, the requested post-op physical therapy... is not medically necessary". I was not asked to review appropriateness of the surgery nor is it clear if the surgery was ever conducted, therefore I will assess the appropriateness based on the clinical guidelines for physical therapy following the requested surgery. According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for post-operative therapy following lumbar fusion. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are indicated for treatment post-operative.