

Case Number:	CM13-0070006		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2011
Decision Date:	01/06/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery 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 40-year-old male who reported an injury on 01/31/2011. The mechanism of injury was a fall. The past treatments included chiropractic treatment, medications, physical therapy, and lumbar epidural steroid injection. EMG studies and MRI of the lumbar spine were noted to have been performed; however, results were not provided. The most recent progress note provided, dated 11/18/2013, noted the injured worker complained of chronic pain to his lumbar spine and left shoulder. The physical exam noted spasm and tenderness over the paravertebral muscles of the lumbar spine and decreased range of motion with flexion and extension. Decreased sensation was noted to the right L5 and S1 dermatomal distributions. The physician requested authorization for 28 sessions of physical therapy of the lumbar spine to speed up postoperative recuperation. The surgery had not yet been performed. The Request for Authorization form was submitted for review on 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Post Operative PT X 28 Sessions for the Lower Back: Upheld

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

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

Decision rationale: The request for initial post operative pt x 28 sessions for the lower back is not medically necessary. The injured worker had unspecified low back pain and was awaiting microdecompression of the right L5-S1. The California MTUS Postsurgical Treatment Guidelines recommend postsurgical physical therapy for discectomy and laminectomy as 16 visits over 8 weeks; with an initial postoperative physical therapy course of treatment of 8 visits. There is a lack of documentation indicating the injured worker's current condition. There is a lack of documentation indicating continued plan for microdecompression or discectomy. The request for 28 sessions exceeds the guideline recommendation for an initial and general course of postoperative treatment. Given the above, the request for initial post operative pt x 28 sessions for the lower back is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.