

Case Number:	CM14-0186071		
Date Assigned:	11/14/2014	Date of Injury:	01/17/2011
Decision Date:	01/06/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/08/2014

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 Orthopedic Spine Surgeon, 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 60-year-old female who reported an injury on 01/17/2011. The mechanism of injury was a slip and fall. Her diagnoses included status postlaminectomy and spinal fusion, degenerative joint disease throughout the lumbar spine. Her previous treatments included medication, 10 Physical Therapy sessions, spinal fusion in 2013. Diagnostic testing included a CT of the lumbar spine. On 09/22/2014, it was reported the patient complained of chronic low back pain and right lower extremity pain and numbness. The injured worker rates her pain 10/10 in severity without medication and 3/10 in severity with medication. The physical examination of the lumbar spine revealed no significant swelling. There was tenderness to palpation over the right side of the lumbar spine. Range of motion included 45 degrees of flexion and 10 degrees of extension. The injured worker had a negative straight leg raise bilaterally. Deep tendon reflexes were noted to be diminished bilaterally to 1+. There was decreased sensation on the right lower extremity, including numbness in the thigh and lower leg on the medial, as well as lateral, side of the top of the foot. The provider requested 8 additional sessions of physical therapy, as she has not had an adequate amount of physical therapy after surgeries. The request for authorization was submitted and dated 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 8 sessions for the Lumbar Spine, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for (8) additional physical therapy times 8 sessions for the lumbar spine, as outpatient is not medically necessary. The California Postsurgical Treatment Guidelines state that 34 sessions over 16 weeks following lumbar fusion surgery is recommended with the postsurgical treatment period of 6 months. The clinical documentation submitted indicated the injured worker's postsurgical period exceeds the 6 month period for the requested services, as the surgery was performed in 2013. Therefore, the request for 8 sessions of Physical Therapy is not medically necessary.