

Case Number:	CM14-0191471		
Date Assigned:	11/24/2014	Date of Injury:	11/19/2011
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 Surgery and is licensed to practice in New York. 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:

This case involves a 41-year-old female who sustained an injury on 11/19/2011 and has chronic low back pain. She has had physical therapy and medications; however, she continued to have pain. She had epidural injection with 6 weeks of relief. She's had neurophysiologic testing to include nerve conduction studies and EMG studies that were normal. On physical examination the patient has reduced range of lumbar motion and tenderness palpation lumbar spine; motor strength is normal in the bilateral lower extremities; deep tendon reflexes are normal; and straight leg raising is positive on the right side. In addition, the injured had X-rays of the lumbar spine which revealed multiple levels of degenerative disc condition and a MRI scan that showed multiple levels of foraminal stenosis. At issue is whether postoperative physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Post-operative physical therapy 2 times a week for 8 weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter.

Decision rationale: MTUS chronic pain treatment guidelines do not recommend physical therapy 2 times a week for 8 weeks following lumbar surgery. The guidelines recommend an initial short course of physical therapy with reevaluation after the initial short course. If the patient is deemed to be improving with postoperative initial short course physical therapy that additional physical therapy is warranted as per guidelines. This request for 16 sessions over 8 weeks is excessive for lumbar surgery. Guidelines do not permit all 16 sessions over 8 weeks without evidence of documentation of improvement with the initial short course of postoperative therapy. Therefore, this request is not medically necessary.