

Case Number:	CM14-0198601		
Date Assigned:	12/08/2014	Date of Injury:	04/10/2014
Decision Date:	01/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 4/10/2014. Injury occurred while pushing a cart at work when she felt low back pain, which radiated down left leg. Prior treatments have included physical therapy x 12, pain management consultation, neurosurgical consultation, L4L5, L5S1 microdiscectomy on 8/8/2014, 8 post-operative physical therapy sessions, home exercise program and medication. Diagnoses include lumbar intervertebral disc disorder and lumbago. The request is for physical therapy #12, which was modified in the original UR to 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QYT: 12.00: 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: CA MTUS guidelines for post-operative physical therapy for discectomy for lumbar disc disease allow for 16 visits over 8 weeks with a post-operative period of 6 months. The claimant has completed 8 post-operative physical therapy visits. Up to eight more sessions would be medically indicated by guidelines and the original UR decision modified the request of

12 sessions to 8 sessions. The request for 12 additional physical therapy sessions is not medically indicated as this would exceed the CA MTUS guidelines.