

Case Number:	CM14-0199969		
Date Assigned:	12/10/2014	Date of Injury:	07/22/2013
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 35-year-old male who reported an injury on 07/22/2013. The mechanism of injury was heavy lifting. His diagnoses include lumbar herniated nucleus pulposus, lumbar pain, lumbar radiculopathy, lumbar sprain, and sciatica. His past treatment include 14 visits of physical therapy for the lumbar spine, topical analgesics, home exercises, anti-inflammatory medications, lumbar corset, muscle relaxants, and modified activities. The diagnostic studies include an MRI of the lumbar spine performed on 08/09/2013, which revealed a moderate sized herniated nucleus pulposus with bilateral lateral recess stenosis and moderate bilateral foraminal stenosis at the L3-4 level; and a large herniated nucleus pulposus with facet joint hypertrophy, bilateral lateral recess stenosis, and moderate bilateral foraminal stenosis at the L4-5 level. Pertinent surgical history was not provided within the documentation. On 10/27/2014, the injured worker presented with low back pain of 4/10. The objective findings revealed mild tenderness to palpation and decreased range of motion of the lumbar spine. He was also noted to have decreased sensation along the L5 and S1 distributions on the left. His medications included Motrin, gabapentin, and Flexeril. The treatment plan included a recommendation for an anterior lumbar interbody fusion, Gill laminectomy, and posterior fusion at the L4-5 level, as well as an artificial disc replacement at the L3-4 level. Additionally, the injured worker was also recommended for postoperative physical therapy twice a week for 1 month to accelerate healing by reducing pain and the inflammatory cycle, strengthening the involved muscles, and restoring muscular flexibility, joint mobility, and spine motion. A Request for Authorization form was submitted for review on 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy 2 x 4, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

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

Decision rationale: The California MTUS Guidelines recommend a total of 34 visits of postsurgical physical therapy following a spinal fusion. The injured worker was recommended for an anterior lumbar interbody fusion, Gill laminectomy, and a posterior fusion at the L4-5 level, as well as an artificial disc replacement at the L3-4 level. Based on the surgical procedure specified, the requested service is within the guideline recommendation. As such, the request for associated surgical service: post-op physical therapy 2x4, lumbar spine is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.