

Case Number:	CM14-0204841		
Date Assigned:	12/17/2014	Date of Injury:	11/23/1994
Decision Date:	02/25/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old female who reported an injury on 11/23/1994; the mechanism of injury was not provided. On 10/15/2014, the injured worker presented with moderate low back pain. The injured worker is status post lumbar spine fusion at L4-S1. The examination of the lumbar spine revealed tenderness elicited with palpation over the paralumbar muscles bilaterally with 2+ spasm and tenderness. There was tenderness noted over the left sciatic notch. The lumbar spine range of motion values were 45/60 degrees of flexion, 10/25 degrees of extension, 20/25 degrees of right lateral flexion, and 20/25 degrees of left lateral flexion. Range of motion is limited by pain in all directions. There was a positive left sided straight leg raise noted. There was 5/5 strength and diminished sensation along the L3-4 dermatome. The diagnoses were status post lumbar fusion, thoracic spine herniated nucleus pulposus from T5-8, and left sided disc space narrowing from L3-4. The provider recommended 12 postoperative physical therapy sessions 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines recommend postoperative physical therapy. However, the injured worker is status post lumbar spine fusion since 2001. There is no indication that the injured worker has had a more current surgical procedure. The provider's request for postoperative physical therapy would exceed the guideline recommendation for a postsurgical treatment period of 6 months. As such, 12 post-operative physical therapy, 2 times a week for 6 weeks is not medically necessary.