

Case Number:	CM14-0209472		
Date Assigned:	12/22/2014	Date of Injury:	01/31/2012
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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 Practice and is licensed to practice in New Jersey and 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:

The injured worker is a 49 year-old male who was injured on 1/31/12 when he was shoveling dirt and noted a sharp pain in his lower back. He complained of low back pain radiating down the posterior aspect of the lower extremities with numbness and tingling. His initial work-up involved a normal x-ray of the thoracic spine, lumbosacral x-ray showing diminished joint space at L5-S1. On exam, he had tender lumbar spine, normal strength of lower extremities but right foot numbness in the sole of the foot in the S1 distribution. A lumbosacral MRI showed lumbar spondylosis, disc bulge at L3-4 and L4-5, the latter causing deformity of the thecal sac. He was diagnosed with lumbosacral discogenic disease, lumbar radiculopathy, and status post lumbar fusion L4-6. His treatment included physical therapy, massage, exercises, hot/ice packs. He had some pain reduction with this therapy. He had a lumbar epidural injection with some pain reduction. He used a TENS unit. On 1/17/14, he had lumbar surgery involving anterior lumbar decompression with discectomies at L4-5 and L5-S1, fusion of L4-5 and L5-S1, placement of peek bone cage at L4-5 and L5-S1. After surgery, he had improvement with pain. He had 40 post-operative physical therapy sessions. His medications have included cyclobenzaprine, Medrox, Norco, and Ibuprofen. The current request is for 8 post-operative physical therapy sessions for the lumbar spine which was denied by utilization review on 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Post-operative physical therapy sessions- lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for additional post-operative physical therapy for the lumbar spine status post fusion is not medically necessary. As per the chart, the patient has already had 40 post-operative physical therapy sessions. According to MTUS guidelines, the recommended number of visits after fusion surgery is 34 visits over 16 weeks with a treatment period of 6 months. The patient had the surgery one year ago and has exceeded that maximum number of visits. Therefore, the request is not medically necessary.