

Case Number:	CM15-0006532		
Date Assigned:	01/23/2015	Date of Injury:	09/12/2012
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 09/12/2012. The mechanism of injury was lifting. He is diagnosed with left lumbar herniated nucleus pulposus with radiculopathy and status post microdiscectomy of the lumbar spine on 04/25/2014. Other therapies were noted to include medications, epidural steroid injection, and 12 postoperative physical therapy visits. At his postoperative visit on 06/30/2014, the injured worker was noted to have severe low back pain and radicular leg pain rated 9/10. Physical examination revealed decreased range of motion in the lumbar spine with flexion to 60 degrees and extension to 30 degrees. He was also noted to have decreased motor strength to 4-/5 throughout the bilateral lower extremities. A recommendation was made to initiate postoperative physical therapy. At his followup visit on 11/24/2014, it was noted that he had completed 12 physical therapy visits to date. His symptoms included low back pain with radicular symptoms, rated 9/10. The physical examination revealed flexion to 60 degrees and extension to 30 degrees. His motor strength was noted to be 4-/5 in the bilateral lower extremities. A recommendation was made for 12 additional physical therapy visits as it was noted that the injured worker requires this after undergoing a microdiscectomy surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy 1-2 times a week for 8 weeks lower back: 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: According to the California MTUS Guidelines, a total of 16 postoperative physical therapy visits is recommended after a lumbar discectomy. The clinical information submitted for review indicated that the injured worker underwent a lumbar discectomy procedure on 04/25/2014, followed by 12 postoperative physical therapy visits. While he was noted to have remaining functional deficits at his re-evaluation on 11/24/2014, additional physical therapy is not warranted as there was no evidence of objective functional improvement in range of motion or motor strength after 12 physical therapy visits. In the absence of objective functional improvement after an initial trial, additional physical therapy visits are not supported. In addition, the request for 12 additional visits combined with the previous 12 visits would exceed the guidelines recommendation for a maximum of 16 visits following a lumbar discectomy. For the reasons noted above, the request is not medically necessary.