

Case Number:	CM15-0109038		
Date Assigned:	06/15/2015	Date of Injury:	01/13/2011
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with an industrial injury dated 01/13/2011. Diagnoses included lumbar HNP, scoliosis, facet arthropathy and radiculopathy. Prior treatment included diagnostics, medications and surgery. He presents on 05/14/2015 two months post lumbar fusion. His complaint at the time of the visit was numbness in right thigh radiating down to below the knee. He has been wearing his lumbar brace for the past two months. Physical exam revealed tenderness to the right lateral region of the incision without signs of spasms. The incision was healed and there was no paraspinal muscle tenderness on the left side. Straight leg raising sign was negative. Dorsiflexion strength was within normal limits bilaterally and quadriceps strength was within normal limits. Sensation was intact bilaterally. No atrophy or foot drop was noted. The provider noted radiographic studies showed well placed instrumentation in the lumbar spine. His current medications included Flexeril, Percocet, Tramadol, Zipsor, Augmentin and Cipro. Treatment plan included physical therapy twice a week for sixteen weeks. Work limitations were given to the injured worker. He could wean himself off the back brace and return for follow up visit. The request is for additional post-operative physical therapy to the low back - quantity 16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy to the low back, QTY: 16: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 26.

Decision rationale: The claimant sustained a work injury in January 2011 and underwent a lumbar fusion in March 2015. When seen, he had been wearing a lumbar spine brace for two months. His activities remained limited and he had not returned to work. There were expected postoperative findings. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 34 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The request is consistent with guideline recommendations and therefore medically necessary.