

Case Number:	CM15-0011673		
Date Assigned:	02/11/2015	Date of Injury:	11/27/2012
Decision Date:	04/07/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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 62-year-old male who reported an injury on 11/27/2012. The mechanism of injury was unspecified. His diagnoses included a lumbar spine sprain/strain, radicular complaints, and lumbar discopathy. His past treatments included medications and surgery. His surgical history included a microdiscectomy at the L4-5 and L5-S1, with a left sided hemilaminotomy, foraminotomy, and decompression on 11/18/2014. On 12/22/2014, the injured worker presented for a follow-up, reporting decreased low back pain. However, he had a cramping sensation remaining. The physical examination of the lumbar spine revealed tenderness to palpation at the L5-S1, with muscle spasms. There was also noted restricted range of motion due to complaints of pain. The injured worker had a positive Lasgue's test on the left and positive straight leg raise on the left. The injured worker was also indicated to have decreased motor strength in the left lumbar at the L4-S1. His relevant medications were noted to include Naprosyn 550 mg, omeprazole 20 mg, and Lyrica 100 mg. The treatment plan included physical therapy 2x4, lumbar spine. A rationale was not provided for review. A Request for Authorization form was submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for physical therapy 2x4, lumbar spine, is not medically necessary. According to the California MTUS Postsurgical Guidelines, patients who undergo a lumbar discectomy/laminotomy are allotted 16 physical therapy visits over 8 weeks with a duration of 6 months. However, there was a lack of documentation in regard to an initial postoperative physical therapy session for review. As the injured worker was indicated to have had his surgical procedure on 11/18/2014, in the absence of previous postoperative physical therapy sessions, along with the number of session's completed and objective functional improvement for review, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.