

Case Number:	CM15-0018888		
Date Assigned:	02/06/2015	Date of Injury:	07/22/2013
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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 35-year-old male who reported an injury on 07/22/2013. The mechanism of injury involved heavy lifting. The current diagnosis is lumbar herniated nucleus pulposus with radiculopathy. The injured worker presented on 01/05/2015 with complaints of persistent low back pain with radiating symptoms into the bilateral lower extremities. The injured worker also reported spasm and constant hip pain. Upon examination, there was mild tenderness to palpation, 30 degrees extension, 45 degrees lateral bending, 45 degrees rotation, 4+/5 motor weakness in the bilateral lower extremities, 1+ patellar and Achilles reflex on the left, and decreased sensation along the L5-S1 distribution on the left. Recommendations at that time included a psychosocial screening, physical therapy twice per week for 1 month, and an anterior lumbar interbody fusion at L4-5 with artificial disc replacement at L3-4. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for the lumbar spine, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (s) 25-26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 25-26.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a fusion includes 34 visits over 16 weeks. In this case, the injured worker was issued a denial of the requested surgical procedure for the lumbar spine on 01/08/2015. Therefore, the associated request for postoperative physical therapy would not be supported. Given the above, the request is not medically appropriate at this time.