

Case Number:	CM15-0133300		
Date Assigned:	07/21/2015	Date of Injury:	04/22/2014
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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

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 female who sustained an industrial injury on 4/22/14 from a slip and fall landing on her left side. She experienced immediate low back pain. She was medically evaluated, given pain medication and returned to work with no restrictions. She has had previous work related injuries to her left knee and back. She currently complained of continuous low back pain radiating to the mid-back and right lower extremity with worst pain level of 8-9/10 and on a good day 3-4/10. She has difficulty with self-care and personal hygiene, physical activities, sleep difficulties. On physical exam of the lumbar spine there was tenderness on palpation of the lumbar paravertebral musculature with restricted range of motion. Medications were Norco, Prilosec, naproxen, cyclobenzaprine, topical creams. Diagnoses include L5-S1 herniated nucleus pulposus with annular tear, stenosis and right neuroforaminal narrowing, right facet hypertrophy with compression of right S1 nerve root; right lower extremity S1 radiculopathy. Treatments to date include lumbar epidural injection which worsened symptoms; physical therapy which was beneficial; medication; transcutaneous electrical nerve stimulator unit; heat. Diagnostics include MRI of the lumbar spine (6/20/14) showing abnormalities; MRI of the lumbar spine (1/22/15) showed increased damage; MRI of the lumbar spine (4/28/15) showing posterior disc bulge. In the progress note dated 5/18/15 the treating provider's plan of care includes a request for post-operative physical therapy for the lumbar and thoracic spine 24 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy, 24 visits, Lumbar and Thoracic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 10-12 and 25-26.

Decision rationale: Regarding the request for physical therapy 24 visits, Post Surgical Treatment Guidelines recommend 16 visits of physical therapy following surgery for lumbar discectomy/laminectomy, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Guidelines recommend an initial trial of 8 visits with further visits supported based on documentation of objective functional improvement and ongoing deficits. Unfortunately, there is no provision to modify the current request. As such, the currently requested physical therapy 24 visits are not medically necessary.