

Case Number:	CM15-0134102		
Date Assigned:	07/22/2015	Date of Injury:	09/23/2014
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 33 year old male, who reported an industrial injury on 9/23/2014. His diagnoses, and or impression, were noted to include: left sciatica, status-post lumbosacral laminectomy on 4/13/2015; radiculopathy. Electrodiagnostic studies were stated to have been done and noted to be abnormal for evidence of lumbosacral radiculopathy. His treatments were noted to include pre-surgery physical therapy for the lumbar spine; lumbar surgery (4/13/15); post-operative physical (5/12-7/10/2015); medication management; and rest from work. The physical therapy progress notes of 6/4/2015 reported that he felt 15-20% better overall, diminished pain and symptoms down the leg, and with an increase in activities of daily living, but with continued difficulty with prolonged sitting/standing/walking. Objective findings were noted to include noting that his worst pain was mild-moderate; a slowly improving active range-of-motion; a 50% improved left lower extremity paresthesia with a 100% improved radiculopathy; but still with complaints of pain, limited range-of-motion and lack of full strength. The physician's requests for treatments were noted to include additional physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is considered not medically necessary as stated. The patient has already had 12 visits post-laminectomy with improvement in symptoms. According to MTUS guidelines, the maximum number of recommended physical therapy is 16 after a laminectomy. An additional 12 sessions would exceed the recommended limit. Therefore, the request is not medically necessary.