

Case Number:	CM15-0135645		
Date Assigned:	07/23/2015	Date of Injury:	10/30/2010
Decision Date:	08/20/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This injured worker is a 64 year old male who reported an industrial injury on 10/30/2010. His diagnoses, and or impression, were noted to include: lumbar spine disc rupture; lumbosacral radiculopathy; lumbar stenosis; and spondylolisthesis. No current imaging studies were noted. His treatments were noted to include diagnostic x-rays and magnetic resonance imaging studies; medication management with toxicology screenings; and rest from work. The progress notes of 6/29/2015 reported radiating back pain, into the lower extremity with paresthesia, numbness and muscle weakness. Objective findings were noted to include spasms and tenderness, with guarding, in the lumbar para-vertebral musculature, and decreased range-of-motion; decreased sensation and pain in the lumbosacral dermatomes; diminished bilateral patellar and Achilles reflexes, right > left; mild right foot drop; forward sitting for comfort; and an extremely slow antalgic gait with use of a 4 point cane. The physician's requests for treatments were noted to include post-operative physiotherapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-therapy postoperative 3x6 to lumbar spine: 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: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The claimant sustained a work injury in October 2010 and is being treated for radiating back pain. He was seen for an initial orthopedic evaluation on 06/22/15. He was having constant low back pain radiating into the legs and feet with numbness and tingling. Physical examination findings included a slow and antalgic gait with use of a walker. There was lumbar paraspinal muscle tenderness and decreased range of motion. Straight leg raising was negative. Authorization for a lumbar decompression and instrumented fusion and 18 sessions of postoperative physical therapy was requested. The claimant's past medical history includes diabetes, hypertension, and elevated cholesterol. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits over 16 weeks. In this case, the number of treatments being requested is well within the guideline recommendation and the claimant has co-morbid medical conditions as described above. The request is medically necessary.