

Case Number:	CM15-0140907		
Date Assigned:	07/30/2015	Date of Injury:	02/13/2014
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 47 year old male who sustained an industrial injury on 02-13-2014. Mechanism of injury occurred when in his duties as a sanitation worker he pinched his lower back when hooking cables to drag the toilets to his truck. Diagnoses include intervertebral disc disorder, lumbago, sciatica, and facet syndrome, and status post L4-5 lumbar laminotomy, foraminotomy and disc excision with fusion. Treatment to date has included diagnostic studies, medications, 39 post-operative physical therapy visits to date, status post lumbar fusion, use of a back brace, and bone stimulator. Medications include Cyclobenzaprine, and Tramadol. A physician progress note dated 07-01-2015 documents the injured worker had pain with pulling and was not taking his medication properly. He had pain with walking and standing but could walk 2 miles. The numb patch in the left lateral thigh is smaller. There was a painless sensation and audible pop in the back with the leg stretched out. Lumbar range of motion was restricted. The treatment plan included dispensing the medications, Tramadol and Cyclobenzaprine. There was stretching and pain in the left mid-lower thigh with standing and leaning forward and there was pain with stretching of the posterior leg more than the anterior leg. Treatment requested is for continued post-operative physical therapy 3 times a week for 3 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post operative physical therapy 3 times a week for 3 weeks for the lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient was certified for a one level lumbar fusion in October 2014. Post-operative x-rays in March 2015 showed L4-5 level fusion. MTUS, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery has passed the rehab period of 6 months without report of functional improvement from the 39 PT visits already rendered. The reports are without demonstrated operative complications or extenuating circumstances to allow for further PT beyond the guidelines criteria. Submitted reports have not demonstrated any acute new injuries requiring further therapy as the patient has past the rehabilitation period and should continue with the previously instructed independent home exercise program. The Continued post operative physical therapy 3 times a week for 3 weeks for the lumbar spine is not medically necessary and appropriate.