

Case Number:	CM15-0164133		
Date Assigned:	09/01/2015	Date of Injury:	03/26/2013
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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 42 year old female who reported an industrial injury on 3-26-2013. Her diagnoses, and or impression, were noted to include: lumbar myalgia, status-post lumbar spine fusion and decompression surgery. No current imaging studies of the lumbar spine were noted. Her treatments were noted to include: an agreed medical examination on 1-27-2014; diagnostic measurement studies; an anatomical impairment measurement report on 5-28-2015; a home exercise program; medication management with toxicology screenings; and rest from work. The progress notes of 4-21-2015 reported constant, moderate-severe lumbar spine pain that radiated to the bilateral lower extremities, status-post lumbar spine fusion surgery on 11-7-2014. Objective findings were noted to include a cautious gait. The physician's requested treatments were noted to include the initiation of post-operative 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:

Post-op physical therapy lumbar: 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 claimant sustained a work injury in March 2013 and underwent an instrumented two level lumbar spine fusion in November 2014. Case notes reference completion of 22 postoperative treatments. When seen, she was having severe low back pain with bilateral lower extremity numbness, tingling, and cramping. Physical examination findings included diffuse lower extremity weakness with decreased sensation. Being requested is an additional 18 physical therapy treatment sessions. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.