

Case Number:	CM15-0165649		
Date Assigned:	09/03/2015	Date of Injury:	08/22/2012
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 27, 2012. In a Utilization Review report dated August 3, 2015, the claims administrator approved a front-wheeled walker and partially approved a request for 24 sessions of postoperative physical therapy as eight sessions of the same. The claims administrator referenced an RFA form dated June 30, 2015 in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of low back pain. Authorization for an L5-S1 laminectomy-microdiscectomy procedure was sought, in conjunction with a lumbar support, inpatient hospitalization, a preoperative medical clearance, an assistant surgeon, an internal medicine evaluation, a walker, and transportation to and from the facility. The applicant was returned to regular duty work in the interim while Motrin and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative rehabilitative physical therapy with a total of 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: No, the request for 24 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. The 24-session course of postoperative physical therapy at issue, in and of itself, represents treatment well in excess of the 16-session course suggested in the MTUS Postsurgical Treatment Guidelines following planned diskectomy-laminectomy surgery, as was proposed here on June 30, 2015. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.a2 further stipulate that an initial course of therapy represents one-half of the general course of therapy for the specified surgery. One-half of 16 treatments, thus, is 8 treatments. The attending provider's request for 24 initial postoperative physical therapy treatments, thus, in effect, represented treatment well in excess of MTUS parameters. Therefore, the request was not medically necessary.