

Case Number:	CM15-0165923		
Date Assigned:	09/03/2015	Date of Injury:	04/13/2012
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
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: 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 30 year old female with an industrial injury dated 04-13-2012. Her diagnosis was lumbar spine sprain-strain with radicular complaints. Prior treatment included lumbar 4-5 microdiscectomy right sided and hemilaminotomy foraminotomy decompression, physical therapy sessions, 3 epidural injections and medications. She presented on 07-09-2015 with complaints of intermittent moderate low back and right buttock pain. Physical examination of the lumbosacral spin revealed incision consistent with lumbar spine surgery. The incision was clean, dry and intact. There was tenderness about the paralumbar musculature and muscle spasms. The injured worker was ambulating with a walk."The patient may return to work with the restriction of being limited to sedentary work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p L4-5 microdiscectomy, hemilaminotomy foraminotomy and per the provider's assistant, has completed 20 postop PT visits. The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy already beyond the guidelines criteria without indication of acute new injury, post-operative complications, or limitations in ADLs. Submitted reports have not identified indication of extenuating circumstances, comorbid disorders, or post-op complications beyond guidelines criteria. The Post op physical therapy 2 times per week for 4 weeks is not medically necessary and appropriate.