

Case Number:	CM15-0191281		
Date Assigned:	10/05/2015	Date of Injury:	06/08/2009
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 6-8-2009. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy and post-surgical arthrodesis. A recent progress report dated 9-8-2015, reported the injured worker complained of low back pain rated 3 out of 10. Physical examination revealed no tenderness and straight leg raise test was negative. Treatment to date has included surgery, unknown # of postoperative physical therapy sessions, epidural steroid injection, TENS (transcutaneous electrical nerve stimulation), 8 sessions of aquatic therapy, and medication management. The physician is requesting 8 physical therapy visits for the lumbar spine. On 9-22-2015, the Utilization Review noncertified the request for 8 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The request for additional post-operative physical therapy for the lumbar spine s/p fusion is not medically necessary. As per the chart, the patient has already had approximately 6 aqua therapy sessions with an additional 8 certified sessions. According to MTUS guidelines, the recommended number of visits after fusion surgery is 34 visits over 16 weeks with a treatment period of 6 months. The patient had the surgery more than six months ago. It is unclear how many sessions of physical therapy have been completed in total. There was no objective documentation of improvement. Therefore, the request is not medically necessary.