

Case Number:	CM15-0195947		
Date Assigned:	10/09/2015	Date of Injury:	07/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 32 year old male with an industrial injury dated 07-02-2014. A review of the medical records indicates that the injured worker is undergoing treatment for S1 radiculopathy, L5 radiculopathy, L5-S1 disk protrusion and status post L5-S1 anterior and posterior fusion. According to the Operative Report dated 07-07-2015, the injured worker underwent percutaneous bilateral L5-S1 segmental screw and rod fixation with fluoroscopic guidance. In a physical therapy assessment report dated 07-10-2015, documentation noted that the injured worker was cleared for discharge and was steady with independent mobility and did not require any assistive device. According to the progress note dated 08-19-2015, the injured worker reported low back pain going down left leg to the ankle area. Objective findings (08-19-2015) revealed antalgic gait, some tenderness at the L4 and L5 spinous processes with muscle spasm and decrease range of motion, positive straight leg raises on the left, and positive slump test on the left. Treatment has included diagnostic studies, prescribed medications, lumbar surgery, unspecified amount of inpatient physical therapy, unspecified amount of inpatient occupational therapy and periodic follow up visits. The treatment plan included physical therapy, activity modifications and follow up visit. The treating physician prescribed services for post-op physical therapy 2x a week for 8 weeks for the lumbar spine. The utilization review dated 09-17-2015, non-certified the request for post-op physical therapy 2x a week for 8 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:

Post-op physical therapy 2x a week for 8 weeks for the lumbar spine: Overturned

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

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

Decision rationale: CA MTUS/Post surgical guidelines, Low Back section, page 25-26 recommend 34 visits over 16 weeks for lumbar fusion. This patient underwent an anterior-posterior fusion on 7/7/15. Guidelines initially recommend the recommended visits. As the request is less than the 17 visits, the determination is for certification. The request is medically necessary.