

Case Number:	CM15-0198170		
Date Assigned:	10/13/2015	Date of Injury:	04/15/2014
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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, California

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:

This is a 39-year-old female patient who sustained an industrial injury on 4-15-2014. The diagnoses include status post lumbar discectomy. Per the progress notes dated 9-4-15, the patient had back pain but no radicular pain. She was attending physical therapy. She was status post lumbar discectomy. The physical examination revealed lumbar spine incisions well-healed, mild tenderness present in the lower back and range of motion created mild discomfort in flexion and extension, sensation intact to the bilateral lower extremities and motor strength 5 out of 5 bilaterally. The medications list includes flexeril. She has undergone lumbar microdiscectomy at L5-S1 on 6/23/15. She has had physical therapy (at least 16 sessions) for this injury. The provider recommended further physical therapy to address backache and muscle atrophy. A Request for Authorization was received for physical therapy twice a week for four weeks. The Utilization Review on 9-21-15 non-certified the request for physical therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for four weeks: Upheld

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: The patient has undergone lumbar microdiscectomy at L5-S1 on 6/23/15. The cited guidelines recommend 16 visits over 8 weeks for this surgery. Per the records provided, patient has already had 16 post op physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous occupational therapy visits that is documented in the records provided. In addition per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy, twice a week for four weeks is not established for this patient at this time.