

Case Number:	CM15-0199403		
Date Assigned:	10/14/2015	Date of Injury:	08/23/2007
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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, Hawaii
 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:

This injured worker is a 28 year old male, who sustained an industrial injury on 08-23-2007. The injured worker was diagnosed as having 5 mm L4-L5 disc protrusion with right sided radiculopathy and lumbar stenosis, severe. On medical records dated 08-31-2015, the subjective complaints were noted as low back pain rated as 9 out of 10. Objective findings were noted as lumbar spine tenderness to palpation was noted. Straight left test was positive on the right. MRI of the lumbar spine dated 06-05-2015 was noted as having congenital spinal stenosis exacerbated by degenerative changes, most severe of L4-L5 where there was noted a 5 mm disc protrusion causing severe spinal stenosis and impingement of the transmitting L5 nerve root. Treatments to date included home exercise program. The injured worker was noted to be not working. The provider recommended a right L4-L5 microdiscectomy, pre-op clearance, post-operative physical therapy, as well as post-operative medical equipment. Current medications were not listed on 08-31-2015. The Utilization Review (UR) was dated 08-23-2007. A Request for Authorization was dated 08-31-2015. The UR submitted for this medical review indicated that the request for Post-op Physical Therapy 3xWk x 4Wks to Lumbar Spine, QTY: 12 were non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 3xWk x 4Wks to Lumbar Spine, QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Post-op Physical Therapy 3xWk x 4WKS to Lumbar Spine, QTY: 12. The treating physician report dated 8/31/15 (12B) states, "We are re-requesting an authorization for right L4-L5 microdiscectomy, preoperative medical clearance, post-operative physical therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The treating physician's request for surgery has not been authorized. In this case, the patient has not been authorized to proceed with the L4-L5 microdiscectomy and therefore the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is not medically necessary.