

Case Number:	CM15-0040549		
Date Assigned:	03/10/2015	Date of Injury:	01/02/2012
Decision Date:	05/08/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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 29-year-old male who sustained an injury to the low back on 01/02/2012. He was diagnosed with lumbar spine strain sprain, bilateral L5-S1 radiculopathy, and status post L4-S1 lumbar and fusion. Treatment included physical therapy, rest, home exercise protocols, and surgery. MRI performed 01/08/2014, revealed a 6 mm posterior disc extrusion at L4-5 which was central and left parasagittal with moderate to severe left subarticular zone stenosis compressing the descending left L5 nerve roots, mild right subarticular zone stenosis. A 6 mm posterior disc protrusion at L4-5 which is central and left parasagittal with moderate to severe left subarticular zone stenosis compressing the descending left L5 nerve roots, mild right subarticular zone stenosis, disc desiccation and mild loss of height. At L5-S1, there was a 6 mm posterior disc protrusion with moderate left subarticular zone stenosis abutting the descending left S1 nerve roots, mild right subarticular zone stenosis, moderate decreased disc height and disc desiccation. The injured worker subsequently underwent posterior spinal fusion with segmental pedicle screw fixation and laminectomies at L4-5 and S1 on 10/15/2014. X-rays on 11/18/2014 interpreted by [REDACTED], revealed previous lumbar laminectomy and fusion from L4-S1 with hardware in good position. Disc cages were seen at L4-5 and L5-S1. Per the documentation from 01/16/2015, the injured worker complained of pain and stiffness in the low back radiating down to both the lower extremities associated with numbness and tingling in both legs. The injured worker reported ongoing improvement with postoperative PT. Examination showed a healing scar. There was tenderness and spasms of the paraspinal region. Lumbar range of motion was restricted with flexion at 40 degrees, extension at 15 degrees and right and

left lateral bending at 15 degrees. Straight leg test was positive on the right at 50 degrees and on the left at 60 degrees. Sacroiliac strain testing was positive. Motor strength was minimally diminished at 5/5 involving the bilateral ileus soleus quadriceps and hamstrings, gastrocnemius and anterior tibialis. Sensation was decreased following the bilateral L5 and S1 dermatomal distributions. It was recommended for further physical therapy. The current request is made for additional physical therapy of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines recommend that 34 postoperative PT visits are appropriate for the injured worker's surgical diagnosis. The medical provider requested an additional 12 PT visits which exceeds the number recommended by guidelines. The number of completed PT visits and the inclusive dates of service were not documented. Additionally, the patient is on a home exercise program. Given the above information, the medical necessity of the request is not validated and cannot be certified.