

Case Number:	CM15-0050346		
Date Assigned:	03/23/2015	Date of Injury:	12/14/2007
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 31-year-old male who sustained a work related injury on December 14, 2007, unloading 132 pound drums causing injury to his back and left shoulder. A lumbar Magnetic Resonance Imaging (MRI) revealed disc protrusions and electromyogram showed radiculopathy. Treatment included chiropractic manipulation, anti-inflammatory drugs, and pain medications. Currently the injured worker complained of low back pain with increased left lower extremity symptoms. He was recommended for decompression of the lumbar spine. The treatment plan that was requested for authorization included twelve sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. In this case the claimant the request exceed the 1/2 of 16 visits initially recommended by the guidelines. Therefore, the 12 request is not medically necessary and non-certified.