

Case Number:	CM15-0055959		
Date Assigned:	04/01/2015	Date of Injury:	03/30/2013
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/24/2015

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: Illinois, California, Texas
 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 35-year-old female with a date of injury of 3/30/13, relative to lifting. The 7/3/14 lumbar spine MRI impression documented annular fissure at L4/5 and L5/S1, and disc desiccation at L4/5 with mild associated disc height loss at L5/S1. There was an L4/5 broad-based posterior disc herniation with prominent right paracentral protrusion, indenting the thecal sac and crowding the right lateral recess. The exiting nerve root was unremarkable. At L5/S1, there was a broad-based disc herniation indenting the thecal sac with no significant spinal or neuroforaminal narrowing. The exiting nerve root was unremarkable. The 2/6/15 pain management report cited excellent pain relief following the 10/2/14 left L4 and L5 epidural steroid injection. Pain was currently 3/10. Physical exam documented bilateral paraspinal tenderness, negative straight leg raise, and decreased left L5 sensation. The patient was doing very well and was to continue on her home exercise and core stabilization program. The 2/10/15 initial spinal surgeon report cited low back pain radiating to the left leg with minimal improvement despite anti-inflammatories and physical therapy. She had an epidural steroid injection with temporary relief. Physical exam documented lumbar paraspinal tenderness to palpation and normal range of motion. Lower extremity neurologic exam documented normal strength and reflexes, with diminished left L5 dermatomal sensation. The diagnosis was lumbar radiculopathy with MRI findings of L4 to S1 disc herniations. The injured worker had a neurologic deficit concordant with MRI findings. Authorization was requested for L4 to S1 decompression and possible fusion. Fusion may be necessary if more than 50% of the facets have to be removed to provide adequate decompression. The request for L4-S1 decompression and

fusion was non-certified based on an absence of clinical findings of provocative testing, motor loss, or reflex change, and no imaging evidence of spinal instability. Additionally, there was no evidence of conservative treatment failure or psychological clearance for surgery. The 2/27/15 utilization review non-certified the request for physical therapy 2x8 as the associated surgical procedure has not been certified. There is no additional evidence in the provided records that the associated surgery has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2x8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discectomy/Laminectomy.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This request for 16 initial post-op physical therapy visits is consistent with guidelines for initial post-surgical treatment for the associated surgery being requested. However, the associated request for L4-S1 decompression and fusion surgery has not been found to be medically necessary. Therefore, this request is not medically necessary.