

Case Number:	CM15-0084649		
Date Assigned:	05/08/2015	Date of Injury:	10/12/2009
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55-year-old male, who sustained an industrial injury on 10/12/2009. He reported injury when dropping a chain onto a conveyor belt. The injured worker was diagnosed as status post lumbar fusion at lumbar 4-sacral 1 and cervical and lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, epidural steroid injections and medication management. In a progress note dated 4/6/2015, the injured worker complains of significant low back pain, radiating down the bilateral lower extremities-mainly on the right with numbness and tingling. Documentation states the plan of care includes removal of lumbar hardware. The treating physician is requesting post-operative physical therapy to the lumbar spine for 18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy lumbar spine 18 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Physical therapy (PT).

Decision rationale: Postoperative physical therapy lumbar spine 18 visits is not medically necessary per the MTUS Postsurgical Guidelines, MTUS Chronic Pain Medical Treatment Guidelines, and ODG. A review of the MTUS Post surgical and ODG physical medicine recommendations for the low back do not reveal recommendations for physical medicine after removal of lumbar hardware. The MTUS Chronic Pain Medical Treatment Guideline recommends a transition to an independent home exercise program. The guidelines do not support post-lumbar hardware removal supervised therapy. The patient should be well versed in a lumbar home exercise program by now. The request for postoperative physical therapy lumbar spine 18 visits is not medically necessary.