MAXIMUS Federal Services

Case Number:	CM14-0100460		
Date Assigned:	09/16/2014	Date of Injury:	04/18/2013
Decision Date:	12/11/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 32-year-old female with a 4/18/13 date of injury, when she jumped to avoid falling and injured her lower back. The radiographs of the lumbar spine dated 5/30/14 revealed retrolisthesis at L5-S1. The patient was seen on 6/12/14 for a surgical consultation. The patient complained of achy, sharp and stabbing low back pain radiating into bilateral lower extremities. Exam findings of the lumbar spine revealed bilateral positive straight leg raising test, decreased range of motion and tenderness to light touch of the lumbar paraspinals. The Braggard's test was positive bilaterally and the motor strength and sensation were decreased in the bilateral L5 and S1 distribution. The anterior lumbar interbody fusion at L5-S1 followed by posterior decompression and discectomy was recommended. The diagnosis is lumbar disc herniation with radiculopathy and radicular pain. Treatment to date: work restrictions, physical therapy, injections and medications. An adverse determination was received on 6/18/14; however the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post-operative physical therapy (3 times 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints,Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that as compared with no therapy, therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. However, although the lumbar surgery was recommended for the patient, it is not clear if the surgery date was scheduled. Therefore, the request for 18 Post-operative physical therapy sessions (3 times 6) is not medically necessary.