

Case Number:	CM14-0117022		
Date Assigned:	09/16/2014	Date of Injury:	08/12/2012
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 63-year-old male who reported an injury on 08/12/2012. The mechanism of injury was not provided in the medical records. His past treatments have included epidural steroid injections, facet injections, topical analgesics and oral medications. Electrodiagnostic studies were performed on 30/31/2014 and revealed evidence of left active L5 denervation. The injured worker is diagnosed with lumbar radiculopathy. On 06/06/2014, the injured worker presented with complaints of low back and right leg pain. The documentation indicated that he was awaiting authorization for a decompression laminectomy at the L5-S1 level. His physical examination revealed a positive left straight leg raise, decreased range of motion of the lumbar spine and tenderness to palpation over the paralumbar muscles. His medications were noted to include tramadol, etodolac, Prilosec, and Lidoderm patches. The treatment plan included a decompressive lumbar laminectomy at the L4-5 and L5-S1 level, a urology consult, and continue medications. A request was received for postoperative physical therapy lumbar. A specific rationale for the request was not provided. The Request for Authorization form was not submitted in the medical records.

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: Upheld

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

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

Decision rationale: According the California MTUS Post Surgical Guidelines, up to 16 visits of postoperative physical therapy may be supported following a discectomy for seizure of the low back. The guidelines also state that an initial course of postoperative physical therapy should be equal to 1 half the total number of visits specified. Therefore, an appropriate initial course of postoperative physical therapy following a discectomy procedure would be 8 visits. The clinical information submitted for review indicates that the injured worker had been recommended for a decompression lumbar laminectomy procedure. However, there was no documentation showing that the recommended surgery had been approved or performed to warrant a course of postoperative physical therapy. Moreover, the request as submitted failed to indicate the number of visits being requested. For these reasons, the request is not medically necessary.