

Case Number:	CM14-0136912		
Date Assigned:	09/10/2014	Date of Injury:	10/16/2008
Decision Date:	10/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/16/08 when, while working as a radiology technician and adjusting x-ray tube he tripped over a cable twisting his arms and low back. He underwent left shoulder surgery in July and November 2009. He continued to be treated for low back and progressive bilateral leg pain. He was seen on 05/21/14. His past medical history included elevated cholesterol, hypertension, and deconditioning. Physical examination findings included a height of 5' 7" weight 240 pounds. He had difficulty walking due to decreased strength and balance. There was lumbar paraspinal muscle tenderness with severely limited range of motion and pain. He had back pain with straight leg raise. There was lower extremity weakness with decreased sensation. Imaging results were reviewed and had shown stenosis at L3-4 and L4-5 with a compressive facet cyst. Recommendations included a lumbar decompression and fusion. On 07/10/14 he was continuing to do poorly. He had leg pain and his symptoms had progressed. Physical examination findings now included positive straight leg raise bilaterally. He had worsening lower extremity weakness and sensation. Surgery was authorized and was performed on 07/14/14. His hospital course was complicated by tachycardia. He was seen for an internal medicine consultation while hospitalized. His past medical history included hypertension, hyperlipidemia, and lumbar spinal stenosis. He was discharged on 07/18/14. The discharge summary states that the surgery was without any complications and that the claimant ultimately did well prior to discharge. He was seen as an outpatient in postoperative follow-up on 07/30/14. His incision was healing well. He had normal lower extremity strength and sensation. Medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN evaluation: 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): 26.

Decision rationale: The claimant is more than 6 years status post work-related injury and underwent a lumbar spine decompression and fusion in July 2014. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits 16 weeks. In this case, the claimant would be expected to be able to participate in outpatient treatment. His surgery was uncomplicated and he was doing well at discharge. He was seen for outpatient follow-up two weeks after surgery. A home based RN assessment was not medically necessary.

PT evaluation: 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): 26.

Decision rationale: The claimant is more than 6 years status post work-related injury and underwent a lumbar spine decompression and fusion in July 2014. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits 16 weeks. In this case, the claimant would be expected to be able to participate in outpatient treatment. His surgery was uncomplicated and he was doing well at discharge. He was seen for outpatient follow-up two weeks after surgery. A home based PT evaluation was not medically necessary.

Home health PT 3x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health care, Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant is more than 6 years status post work-related injury and underwent a lumbar spine decompression and fusion in July 2014. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits 16 weeks. In this case, the claimant would be

expected to be able to participate in outpatient treatment. His surgery was uncomplicated and he was doing well at discharge. He was seen for outpatient follow-up two weeks after surgery. Home health physical therapy was not medically necessary.