

Case Number:	CM14-0140425		
Date Assigned:	09/10/2014	Date of Injury:	08/06/2010
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 44-year-old male who reported an injury of unknown mechanism on 08/06/2010. On 11/08/2013, his diagnoses included lumbar spine degenerative disease with broad based angular bulge at L5-S1, L5-S1 posterolateral disc herniation with a small transversely oriented annulus tear, L5 laminectomy stable, left sided L5 radiculopathy and history of prior laminectomy. The treatment plan and recommendations included a lumbar spine fusion of L4-S1 which was done on 11/21/2013. On 07/25/2014, it was noted that the injured worker had recently completed a total of 24 sessions of postoperative physical therapy with some improvement. The rationale for the request was to continue the injured worker's functional improvement, increase his flexibility/endurance, as well as decrease his low back pain. There was no Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the lumbar spine, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for postoperative physical therapy for the lumbar spine quantity 8 sessions is not medically necessary. The California MTUS Postsurgical Treatment Guidelines define the initial course of therapy as one half the number of visits specified in the general course of therapy. The Postsurgical Guidelines for low back fusion is 34 visits over 16 weeks. Half of that would be 17 visits. The documentation revealed that the injured worker had already completed 24 visits which exceeds the recommendations in the guidelines. An additional 8 visits is not supported by the guidelines. Therefore, this request for postoperative Physical Therapy For The Lumbar Spine Quantity 8 Sessions is not medically necessary.