

Case Number:	CM14-0141706		
Date Assigned:	09/10/2014	Date of Injury:	04/08/2013
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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 62-year-old male with reported date of injury on 04/08/2013. The mechanism of injury was noted to be a repetitive lifting injury. His diagnoses were noted to include lumbar disc disease with myelopathy. His previous treatments were noted to include physical therapy, surgery, chiropractic treatment, modified duty, ice/heat, and medications. The progress note dated 07/31/2014 revealed complaints of left sided leg pain/weakness with walking. The physical examination revealed tenderness and decreased range of motion to the lumbar spine and neurologically the lower extremities were within normal limits. The progress note dated 09/11/2014 revealed left sided leg pain/weakness with walking. The physical examination revealed tenderness with decreased range of motion to the lumbar spine. The neurologic examination revealed decreased sensation to the L5 left leg, and the motor strength test was rated 5/5. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy to the lumbar spine 3 times a week for 4 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for physical therapy to the lumbar spine 3 times a week for 4 weeks is not medically necessary. The injured worker had a discectomy and laminectomy performed 03/20/2014. The postsurgical treatment guidelines for a discectomy and laminectomy are 16 visits over 8 weeks, with a postsurgical physical medicine treatment period of 6 months. There is a lack of documentation regarding previous postoperative physical therapy sessions. There is a lack of documentation regarding current measurable functional deficits and quantifiable functional improvements with previous physical therapy sessions. Therefore, due to the lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements and number of previous postoperative physical therapy sessions completed, physical therapy is not supported by the guidelines. Therefore, the request is not medically necessary.