

Case Number:	CM14-0158530		
Date Assigned:	10/02/2014	Date of Injury:	08/15/2001
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 Spine Surgeon and is licensed to practice in New York. 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 patient is a 46-year-old male with a date of injury of August 15, 2001. He has chronic low back pain. Lumbar MRI shows L4-5 annular disc bulge. At L5-S1 there are postsurgical changes from laminectomy. Patient has had prior lumbar laminectomy surgery at L4-5. He's also had another laminectomy with fusion of L5-S1. On physical examination the patient has limited lumbar range of motion and tenderness of the lumbar paraspinal musculature. Patient continues to have back pain. The patient is early had multiple attempts at conservative modalities to include medications and physical therapy. The patient's left surgery was complicated by infection. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, low back area Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back Chapter, ODG low back chapter

Decision rationale: The medical records indicate that the patient has had 2 previous spine surgeries. His last spinal surgery was October 2013. He is over 4 months after surgery. Medical spine surgeon see the patient has been released to increase his activity and participating

in gym membership. The patient had many physical therapy visits prior to surgery. It is unclear the medical records exactly how many patient physical therapy visits the patient has had both preoperatively and postoperatively. Since the medical records document that the patient has been approved for gym membership and that his condition is improving, request for additional formal physical therapy not met. It is unclear exactly how much preoperative and postoperative physical therapy the patient has had. Criteria for additional physical therapy not met.