

Case Number:	CM14-0163264		
Date Assigned:	10/08/2014	Date of Injury:	01/09/2014
Decision Date:	11/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with date of injury 3/9/12. The treating physician report dated 8/19/14 indicates that the patient presents with chronic lumbar pain and request for surgery is made for decompression and fusion L3-L5. The MRI report dated 9/30/13 reveals disc bulging L3-S1 with neural foraminal narrowing. There are no physical examination findings submitted in this report. The current diagnoses are: 1. Spinal Stenosis L3-S12. Radiculopathy. The utilization review report dated 9/19/14 denied the request for 18 post-operative physical therapy sessions lumbar spine because the request for surgery was not authorized so the physical therapy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4, left ring finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient presents with chronic lower back pain with left leg radiculopathy. The treating physician has requested decompression with fusion L3-L5 that was denied by utilization review. The current request is for 18 post-operative physical therapy sessions to the lumbar spine, 3 times a week for 6 weeks. The MTUS post surgical guidelines recommend up to 34 physical therapy sessions for patients following fusion of intervertebral disc disorders without myelopathy. In this case the patient has not received the proposed fusion surgery. MTUS does not support the recommendation of post-surgical treatments without surgery being performed. Recommendation is for denial.