

Case Number:	CM14-0138612		
Date Assigned:	09/05/2014	Date of Injury:	03/29/2012
Decision Date:	06/22/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 03/29/2012. He has reported subsequent low back and bilateral lower extremity pain and was diagnosed with myelopathy, bilateral lumbar radiculopathy, bilateral knee internal derangement, L3-S1 foraminal stenosis and degenerative disc disease, tricompartmental osteoarthritis and L4-L5 mobile retrolisthesis. Treatment to date has included oral pain medication, epidural steroid injection and surgery. In a progress note dated 03/21/2014, the injured worker complained of low back pain radiating to the bilateral lower extremities. Objective findings were notable for an antalgic gait, tenderness to palpation over the lumbosacral junction and across the upper buttocks, decreased sensation over the left L4, L5 and S1 dermatome distribution and decreased range of motion of the lumbar spine. The physician recommended L4-L5 and L5-S1 bilateral laminotomy, mesial facetectomies and foraminotomies. A request for authorization of 18 sessions of post-operative physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 post operative physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ODG- low back pain and pg 74.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. According to the OPDG guidelines, up to 16 visits post-surgically are recommended for no fracture post-operative intervertebral surgeries. In this case, the request for 18 sessions exceeds both guidelines. There is no indication that after an initial education that additional therapy cannot be completed at home. Therefore, the request for 18 sessions of physical therapy is not medically necessary.