

Case Number:	CM14-0190890		
Date Assigned:	11/24/2014	Date of Injury:	03/25/2012
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational 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:

This individual is a 36 y/o female who developed low back problems secondary to an injury dated 3/25/12. Due to persistent radiculopathic symptoms she underwent a discectomy on 4/18/14. She has had little relief from her neuropathic symptoms and the operating physician has requested follow up diagnostics, as there is evidence of worsening L4 function. She completed 16 sessions of postoperative physical therapy with little improvement in her overall function or symptoms. An additional 12 sessions of therapy was requested while awaiting updated test results. Her gait is normal and there is no documentation supporting the need for continued hands on therapy or an innate inability to develop an appropriate home based activity/exercise regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

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

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

Decision rationale: MTUS Post Surgical Guidelines recommend up to 16 sessions of physical therapy as adequate after this type of surgery. At least 16 sessions has been completed and there are no unusual circumstances why continued hands on therapy is medically necessary. A normal gait is documented and it is reasonable to anticipate a developed home based activity program. The request for an additional 12 sessions of physical therapy is not consistent with Guidelines and it not medically necessary.