

Case Number:	CM14-0204915		
Date Assigned:	12/17/2014	Date of Injury:	04/15/2005
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

67 year old female claimant with an industrial injury dated 04/15/05. MRI dated 03/06/13 reveals stenosis at L4-5 with lateral recess narrowing and subarticular recess narrowing; along with moderate canal stenosis at L4-5 and a disc bulge at L5-S1 without neural compression. Exam note 10/15/14 states the patient returns with back pain and numbness radiating down to the feet. Upon physical exam the patient demonstrated a slow gait. Range of motion was noted as limited. Also the patient had intact motors and hypesthesia noted throughout the lower extremities. Diagnosis is noted as grade I anterolithesis at L4 and L5. Treatment includes a L4-5 laminectomy with bilateral partial fasciectomy combined with a postural fusion and pedicle screw fixation, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op PT x 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Low Back, pages 25 and 26, 34 visits are recommended over a 16 week period with postsurgical physical medicine period over 6 month. Initially, of the 34 visits are allowed. As the request exceeds the 16 visits permitted by guidelines, the request is not medically necessary.