

Case Number:	CM14-0213835		
Date Assigned:	12/31/2014	Date of Injury:	06/21/2011
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas
 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:

The injured worker is a 45-year-old male who reported an injury on 06/21/2011. The mechanism of injury was a slip and fall. He has a history of low back and left knee pain. On 11/04/2014, it is noted the injured worker had an anterior posterior fusion and fixation on the front and bone on the back performed 6 months ago. He states that is not even sure that he has improved at 10%. The pain was persistent. His back was weak. The pain was a 9/10. It radiated to the bilateral lower extremities down to the bottom of the feet with numbness and tingling, as well as cramping. He reported psychological issues, such as anxiety and depression. He is currently taking Norco and Ultracet. He was not attending physical therapy. On examination, his straight leg raise was positive, tension sign was positive. There was foot eversion weakness and depressed "tendo-Achilles" reflexes. An x-ray performed in house of the lumbar spine showed persistent movement on flexion/extension radiographs with a grade I spondylolisthesis which is persistent. It was recommended reinforcement posteriorly with pedicle screws and additional intertransverse bone. His diagnosis included status post anterior lumbar interbody and posterior decompression at L5-S1 slowly progressing. The treatment plan is to recommend for intertransverse fusion at L5-S1 with pedicle screws; recommend an assistant surgeon; internal medicine operative clearance; postoperative physical therapy for the lumbar spine, totaling of 24 visits; off the shelf lumbar brace after the procedure; front wheeled walker for postoperative care; 2 nights of inpatient hospitalization; home health evaluation, transportation to and from the facility; electrical bone growth stimulator postoperatively physical therapy for the lumbar spine, totaling 24 visits; and postoperative medicines, to include Norco 10/325, Ultracet 37.5. The

request is for associated surgical service: postoperative physical therapy x 24 visits, lumbar spine. The Request for Authorization was dated 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-operative physical therapy x 24 visits, lumbar spine:

Upheld

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

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

Decision rationale: The request for associated surgical service: postoperative physical therapy x 24 visits, lumbar spine is not supported. The injured worker has a history of neck and knee pain. Surgery may be recommended as medically necessary and postoperative physical therapy would be appropriate. The California MTUS Guidelines allow for one half of the total allotted postoperative therapy in the initial period. The request exceeds the guideline's recommendations. Postoperative therapy for fusion would be 17 visits over 8 weeks. An agreement with the physician would need to be made for the modification. As such, the medical request is not medically necessary.