

Case Number:	CM14-0218853		
Date Assigned:	01/09/2015	Date of Injury:	01/18/2010
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York, New Hampshire, Washington
 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:

This is a 41 year old male who suffered an industrial related injury on 1/18/10. A physician's report dated 11/4/14 noted the injured worker had complaints of back pain with radiation down his right leg associated with numbness and tingling. The injured worker a received lumbar epidural steroid injection at L5-S1 that provided 100% pain relief for approximately one week. Diagnoses included lumbar radicular pain status post L4-5 discectomy. MRI findings were noted to be consistent with L4 radiculopathy. The treating physician recommended physical therapy. On 12/9/14 the utilization review (UR) physician denied the request for 18 post-operative physical therapy sessions for the lumbar spine. The UR physician noted the requested surgery was not recommended and additionally the request exceeded the initial recommendations for therapy after lumbar fusion. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen post-operative physical therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: MTUS post-surgical treatment guidelines indicate that an initial trial of postop physical therapy must be performed with documented improvement prior to continuing postop PT. MTUS guidelines allow for up to 18 postop visits after lumbar fusion surgery. In this case, the medical records do not contain evidence of documented improvement clinically after an initial trial of postop physical therapy. Therefore, a total of 18 postop visits are excessive at this time without evidence documented of clinical improvement. 18 postop PT visits are not medically necessary at this time.