

Case Number:	CM15-0008938		
Date Assigned:	02/04/2015	Date of Injury:	01/14/2013
Decision Date:	07/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 54 year old with an industrial injury on 01/14/2013. Two documents are in the submitted documents for review. The first document is a work status document and the second one is supplemental follow up report. The information in this note is taken from the supplemental follow up report dated 12/11/2014. The provider notes the injured worker is status post-surgery and awaiting approval for physical therapy for rehab/recovery. The provider notes the injured worker is feeling slightly better with less right calf and leg radicular pain. He notes stiffness, weakness and discomfort in lower back continues. Diagnosis was right lumbar herniation/radiculopathy. On 01/15/15 utilization review modified the request for 18 sessions of physical therapy, 3 per week for 6 weeks to the lumbar spine to allow for 8 sessions. MTUS/ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 3 x 6 weeks; 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 25, 26.

Decision rationale: This patient presents with chronic low back pain. The current request is for Physical therapy for the lumbar spine, 3 times a week for 6 weeks; 18 sessions. Treatment history includes lumbar surgery (11/21/2014), physical therapy and medications. The patient is TTD. The MTUS post-surgical guidelines pages 25, 26 recommends for intervertebral disc disorders without myelopathy, postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. The patient underwent a laminectomy on 11/21/15. Examination performed on 12/03/15 noted improvement in the radiating right leg pain, well-healed incision and motor and sensory function are intact. The treater recommended starting physical therapy and Norco. According to the Request for Authorization form dated 12/16/14 the request is for post op PT 18 sessions. This is an initial request for "evaluate and treat." Although the request is within post-surgical guideline time-frame, the current request exceeds MTUS recommendation of 16 visits following a laminectomy. The current request is not medically necessary.