

Case Number:	CM15-0013207		
Date Assigned:	02/02/2015	Date of Injury:	05/19/2013
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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: Internal Medicine

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 53 year old female, who sustained an industrial injury on May 19, 2013. The mechanism of injury is unknown. The diagnoses have included status post laminectomy L3-4, L4-5 with insertion of CoFlex device, lumbosacral spine sprain with radicular symptoms and multilevel lumbar disc herniations with foraminal stenosis. Treatment to date has included surgery, aquatic therapy, medications, physical therapy and lumbar support brace. Currently, the injured worker complains of low back pain. The pain has decreased in intensity and her bilateral radicular symptoms are decreased. She reported improvement in her condition following her lumbar laminectomy with COFLEX insertion on September 8, 2014. On January 8, 2015, Utilization Review non-certified post-op land physical therapy 2x6 (12 sessions) for the low back, noting the California MTUS Guidelines. On January 22, 2015,, the injured worker submitted an application for Independent Medical Review for review of post-op land physical therapy 2x6 (12 sessions) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy - low back: 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: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for laminectomy, 16 visits of postsurgical physical therapy are recommended. The primary treating physician's progress report dated 10/15/14 documented that L3-L4 and L4-L5 laminectomy surgery was performed on 9/8/14, and a request for twelve post-operative physical therapy sessions. The progress report dated 12/31/14 documented that the patient completed 12 sessions of physical therapy. Twelve additional PT physical therapy sessions were requested. MTUS Postsurgical Treatment Guidelines recommends 16 physical therapy visits for laminectomy. The patient has completed 12 physical therapy visits. The request for 12 additional physical therapy visits exceeds MTUS Postsurgical Treatment Guidelines, and is not supported. Therefore, the request for 12 additional physical therapy sessions is not medically necessary.