

Case Number:	CM15-0013723		
Date Assigned:	02/02/2015	Date of Injury:	04/02/2013
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 44 year old female, who sustained an industrial injury on April 20, 2013. She has reported lower back pain and right leg pain. The diagnoses have included lumbar spine disc protrusion, lumbar spine stenosis, and sciatica. Treatment to date has included medications, physical therapy, home exercises, bracing, lower back surgery on August 28, 2014, and imaging studies. Claimant is status post on 8/28/14 a lumbar laminectomy, facetectomy and discectomy with complaint of persistent back and right leg pain per exam note of 12/5/14. Exam from 12/5/14 demonstrates an antalgic gait. The treating physician requested postoperative physical therapy for six sessions. On January 9, 2015 Utilization Review partially certified the request for postoperative physical therapy with an adjustment to two sessions citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-surgical physical therapy for the lumbar spine, once weekly for six weeks: 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: Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks*Postsurgical physical medicine treatment period: 6 monthsIn this case the claimant there is insufficient evidence as to how many postoperative therapy visits have been completed. There is also lack of medical necessity per the submitted exam notes from 12/5/14 of functional improvement to support further visits. Therefore the determination is for non-certification.