

Case Number:	CM15-0017386		
Date Assigned:	02/05/2015	Date of Injury:	12/17/2013
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male, who sustained an industrial injury on 12/17/2013. He has reported subsequent low back pain and was diagnosed with right L5-S1 disk herniation and status post lumbar decompression. Treatment to date has included oral pain medication, surgery and physical therapy. A right L5-S1 discectomy and placement of epidural fat graft was performed on 08/12/2014. In a progress note dated 08/25/2014, the injured worker complained of postoperative low back pain radiating to the right leg that was rated as 5/10. Objective physical examination findings were notable for tenderness of the lumbar spine, a clean and dry incision of the lumbar spine and decreased range of motion of the lumbar spine. The physician requested postoperative physical therapy. A subsequent note from the physical therapist dated 11/13/2014 indicated that the injured worker started physical therapy on 09/23/2014 and had received 15 of 16 authorized treatments. The therapist noted that the injured worker had responded favorably to treatment and outlined the functional improvements that were noted but commented that the injured worker would benefit from further physical therapy due to continued deficits. No physical therapy progress notes were included for review. On 01/09/2015, Utilization Review non-certified a request for 8 additional physical visits, noting that there was no clear documentation of musculoskeletal deficits that couldn't be addressed within the context of an independent home exercise program. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 8 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Additional physical therapy x 8 visits for the lumbar spine is not medically necessary per the MTUS Guidelines. The MTUS Post surgical guidelines state that 16 physical therapy visits are recommended for this surgery. The MTUS also recommends transitioning to an independent home exercise program. The documentation does not reveal extenuating circumstances that would require an additional 8 supervised physical therapy visits. The patient should be versed in a home exercise program. The request for additional physical therapy x 8 visits for the lumbar spine is not medically necessary.