

Case Number:	CM15-0019739		
Date Assigned:	02/11/2015	Date of Injury:	06/29/2010
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 48 year old male injured worker suffered and industrial injury on 6/29/2010. The diagnoses were lumbar fusion, cervical fusion, lumbar facet syndrome, and severe lumbar neural foramina narrowing. The diagnostic studies were magnetic resonance imaging and computerized tomography. The treatments were hardware nerve block injections, revision of anterior cervical discectomy and cervical fusion, lumbar fusion. The treating provider reported ongoing cervical and lumbar pain 6/10 ongoing neck pain with right upper extremity numbness and tingling along with low back pain with radiation to the left lower extremity. The Utilization Review Determination on 12/26/2014 non-certified Post-operative physical therapy 2 times a week for 6 weeks; lumbar spine, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks; lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that lumbar surgery may benefit from formal supervised physical therapy. Physical therapy following hardware removal at L4-L5, left osteotomy of L4-5, and left L4-5 foraminotomy, which was requested at the same time as this postoperative physical therapy request, might be helpful, however, a request for 12 sessions of physical therapy seems excessive without some confirmation that physical therapy is helping. A request for 3-6 sessions following the surgery would be more appropriate with the ability to continue it or transfer to home exercises, depending on the outcome. Therefore, the post-operative physical therapy (12 sessions) will be considered medically unnecessary, in the opinion of the reviewer.