

Case Number:	CM15-0116650		
Date Assigned:	06/30/2015	Date of Injury:	10/14/2014
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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: Illinois, California, Texas

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 45-year-old male who sustained an industrial injury on 10/14/14. Injury occurred when he was carrying lumber with a coworker close to a body of water. The coworker took a turn causing him to fall backwards onto wood and then into the water. Conservative treatment included chiropractic treatment, physical therapy, activity modification, and medications. The 11/6/14 lumbar spine MRI impression documented grade 1 anterolisthesis of L4 on L5 secondary to bilateral chronic appearing L4 pars defects. There was severe bilateral neuroforaminal narrowing at L4/5 secondary to broad-based disc bulge and anterolisthesis. The 2/11/15 lumbar spine x-rays documented no acute fracture, subluxation or dislocation. There was a grade 1 spondylolisthesis and probably bilateral spondylolysis of L4 relative to L5. The 6/3/15 treating physician report cited on-going back pain radiating down both legs with dysesthesias, pins and needles. Functional difficulty was noted with prolonged standing or walking, and with activities of daily living. He was attending physical therapy and requested additional physical therapy. Left L4 and L5 radiculopathy had been documented on EMG/NCV testing. Imaging documented spinal stenosis with degenerative spondylolisthesis at the L4/5 level. Physical exam documented low back tenderness to palpation, limited range of motion, 4/5 left and 5-/5 right extensor hallucis longus, anterior tibialis and peroneal weakness, and decreased sensation left posterolateral leg and dorsum foot. Deep tendon reflexes were +1 at the ankles and 2+ and the knees. Straight leg raise was positive on the left. The injured worker was opined a candidate for L4/5 surgical decompression and fusion for his grade 2 spondylolisthesis and motor and sensory deficits. He was to continue physical therapy, including low back reconditioning, abdominal strengthening, and pelvic stabilization. The 6/12/15 utilization review non-certified the request for additional physical therapy, frequency/duration not specified, as the

injured worker had completed 17 sessions with little evidence of specific functional improvement to support on- going sessions over independent home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy Amount and Frequency/Duration not Specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment, which is not consistent with guidelines. Therefore, this request is not medically necessary.