

Case Number:	CM15-0126679		
Date Assigned:	07/13/2015	Date of Injury:	04/23/2013
Decision Date:	08/06/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male, who sustained an industrial injury on 4/23/13. He has reported initial complaints of low back injury. The diagnoses have included low back pain, lumbar stenosis, and post laminectomy syndrome. Treatment to date has included medications, activity modifications, off work, surgery, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 6/12/15, the injured worker complains of low back pain that radiates to the left lower extremity (LLE) status post lumbar surgery on 1/24/15. The physical findings reveal that the lumbar exam shows midline lumbar tenderness and decreased lumbar range of motion with flexion and extension. There are no previous diagnostic reports noted in the records. There is previous therapy sessions noted in the records. The physician requested treatment included 12 sessions of physical therapy for the lumbar spine.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for radiating low back pain. He underwent a lumbar decompression and fusion at L4-5 on 01/26/15. He had postoperative physical therapy with completion of 15 treatments as of 05/22/15. When seen, he was having radiating low back pain into the left lower extremity. There was decreased lumbar spine range of motion with tenderness. An additional 12 physical therapy treatment sessions were requested. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits over 16 weeks. In this case, the number of additional visits being requested remains within the guideline recommendation. The claimant is having ongoing radicular symptoms and has not returned to work. The request can be considered medically necessary.