

Case Number:	CM15-0176147		
Date Assigned:	09/25/2015	Date of Injury:	09/10/2014
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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, Oregon, Washington
 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 71-year-old male who sustained an industrial injury on 9-10-14. A review of the medical records indicates he is undergoing treatment for lumbar radiculopathy. Medical records (8-21-15) indicate complaints of low back pain radiating to both ankles and left leg. He also complains of neck pain that radiates to the left arm. The treating provider notes that the injured worker presented to the office in a wheelchair, but indicated that he is "not wheelchair bound" and is able to walk at home. The physical exam reveals tenderness to palpation over the paraspinal musculature of the cervical spine. No diminished range of motion is noted of the cervical spine. The lumbar spine examination reveals tenderness to palpation over the paraspinal musculature. Slightly diminished range of motion was noted of the hips, knees, and ankles. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included anti-inflammatory medications, as well as an undisclosed number of physical therapy sessions. The utilization review includes a request for authorization of 16 sessions of physical therapy. The request was denied, stating that it is not indicated, as the request for the surgical procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2x8: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: CA MTUS/Post surgical guidelines, Low Back section, page 25-26 recommend 34 visits over 16 weeks for lumbar fusion. Guidelines initially recommend the recommended visits. As the request is less than the 17 visits, the request is medically necessary.