

Case Number:	CM15-0049446		
Date Assigned:	03/23/2015	Date of Injury:	10/22/1998
Decision Date:	05/07/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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, Indiana, Oregon
 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 59 year old male, who sustained an industrial injury on 10/22/1998. He has reported injury to the neck and low back. The diagnoses have included bilateral upper extremity radiculopathy; status post cervical spine surgery; L4-5 and L5-S1 disc herniations; moderate to marked bilateral foraminal lumbar stenosis; and bilateral L5-S1 radiculopathy. Treatment to date has included medications, acupuncture, chiropractic sessions, injections, home exercise, and surgical intervention. A progress report from the treating provider, dated 01/16/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent and increasing pain to his neck radiating down the arms; and continued pain and stiffness to his low back radiating down the legs with continued numbness, tingling, and weakness to the lower extremities. Objective findings included tenderness to palpation of the cervical paraspinal region with spasms; tenderness to palpation over the lumbar paraspinal region, with spasms present; decreased lumbar range of motion; and straight leg raising tests are positive on the right and the left. The treatment plan included surgical intervention consisting of a bilateral L4-5 and L5-S1 laminoforaminotomy and microdiscectomy for decompression of the nerve roots. The current request is for postoperative physical therapy to lumbar spine, 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy to lumbar spine, 24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. The request for 24 visits exceeds the guideline recommendations, therefore the services are not medically necessary.