

Case Number:	CM15-0068753		
Date Assigned:	04/16/2015	Date of Injury:	06/12/2006
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 45 year old male, who sustained an industrial injury on June 12, 2006. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spinal stenosis with radiculopathy, lumbago, lumbosacral neuritis, lumbar post-laminectomy syndrome, cauda equine syndrome and depression. Treatment to date has included medications, radiological studies, physical therapy and a lumbar spine surgery. Current documentation dated March 4, 2015 notes that the injured worker was seen for a follow-up visit in regards to his lumbar surgery on December 18, 2014. The injured worker noted improvement in his left leg numbness and left leg strength. The injured worker was receiving physical therapy. Physical examination of the lumbar spine revealed tenderness, decreased range of motion and diminished sensation of the left lumbar four-lumbar five dermatome. The injured worker was noted to have foot drop on the left. The treating physician recommended continuing physical therapy due to the injured workers slow improvement. The treating physician's plan of care included a request for physical therapy for the lumbar spine #16.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy visits for the lumbar spine: Upheld

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): 10-12, 26.

Decision rationale: Regarding the request for physical therapy, Post Surgical Treatment Guidelines state that 16 therapy visits are recommended following discectomy/laminectomy. Guidelines state that an initial course of therapy should be half the number of visits specified. Additional visits may be considered based upon documentation of objective functional improvement and ongoing treatment goals. Within the documentation available for review, it appears that the patient has had a few initial PT sessions with some improvement. However, while some additional PT sessions would be appropriate, the request would exceed the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request to an appropriate number of sessions. As such, the currently requested physical therapy is not medically necessary.