

Case Number:	CM15-0070384		
Date Assigned:	04/17/2015	Date of Injury:	10/12/2011
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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 50 year old male, who sustained an industrial injury on 10/12/2011. He reported low back pain. The injured worker was diagnosed as having herniated lumbar disc, and lumbar radiculopathy. Treatment to date has included medications, chiropractic care, nerve blocks/injections, epidural steroid, and physical therapy. The request is for physical therapy. On 10/3/2014, he is seen for follow up to a recent magnetic resonance imaging, and to discuss the possibility of surgery. He continued to complain of low back pain with radiation into the lower extremity. On 10/23/2014, he has complaint of continued back pain with radiating pain into the right leg. On 11/18/2014, he had lumbar surgery. On 12/5/2014, his pain is noted to be gradually improving. The treatment plan included: home exercise program, moist heat and stretches. A progress report dated October 23, 2014 recommends laminectomy/microdiscectomy. A progress report dated April 9, 2015 states that the patient does not want to undergo anymore home therapy as he hurts himself doing home therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, three times weekly for six weeks: 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 and 25-26.

Decision rationale: Regarding the request for physical therapy, Post Surgical Treatment Guidelines recommend 16 visits of physical therapy following surgery for lumbar discectomy/laminectomy, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it appears the patient has undergone a laminectomy/discectomy. It also appears the patient has had some postoperative physical therapy. There is no documentation of any objective functional improvement from the postoperative therapy already provided. Additionally, the patient has indicated that he does not want additional therapy at the current time. Finally, it is unclear how many therapy sessions the patient has already undergone, making it impossible to determine whether the patient has exceeded the maximum number recommended by guidelines for his current diagnosis. In the absence of clarity regarding those issues, the currently requested physical therapy is not medically necessary.