

Case Number:	CM15-0079749		
Date Assigned:	04/30/2015	Date of Injury:	01/27/2014
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 59 year old male, who sustained an industrial injury on January 27, 2014. The injured worker has been treated for low back complaints. The diagnoses have included thoracic/lumbar sprain/strain, lumbar spine radiculopathy and discopathy, depressive reaction and work related stress. Treatment to date has included medications, radiological studies, epidural steroid injections and physical therapy. Current documentation dated March 23, 2015 notes that the injured worker reported left heel pain, low back pain and left shoulder pain radiating to the left side of the upper back. Examination of the lumbar spine revealed tenderness with spasms at levels lumbar one through five. A straight leg raise test was positive on the left side. The treating physician's plan of care included a request for post-operative physical therapy for the lumbar spine # 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 20 visits lumbar spine: Upheld

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

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Low Back, pages 25 and 26, 34 visits are recommended over a 16 week period with postsurgical physical medicine period over 6 month. Initially 1/2 of the 34 visits is recommended per the guidelines. In this case, the request of 20 exceeds the 1/2 initially recommended. Therefore, the determination is for non-certification and is not medically necessary.