

Case Number:	CM15-0092584		
Date Assigned:	05/19/2015	Date of Injury:	01/10/2013
Decision Date:	10/06/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 1-10-13. He reported pain in his lower back after lifting several cases of soda. The injured worker was diagnosed as having L4-S1 disc degeneration, left L4-L5 mild lateral recess stenosis, L4-L5 facet arthropathy, left leg radiculopathy and chronic lumbago. Treatment to date has included a lumbar MRI, lumbar epidural injections x 3 with significant but temporary relief, Ibuprofen, Tramadol and Protonix. The treating physician requested chiropractic treatment several times, but services were denied. On 3-27-15 the injured worker rated his pain a 5-6 out of 10 with medications and a 7-8 out of 10 without medications. As of the PR2 dated 4-15-15, the injured worker reports left sided low back pain that radiates down the left leg. Objective findings include increased pain with lumbar range of motion, palpable tenderness over the L4-L5 and L5-S1 region. The treating physician recommended a bilateral L4-L5 and a left L5-S1 laminotomy and foraminotomy. On 4-24-15 the injured worker rated his pain a 7 out of 10 with medications and an 8 out of 10 without medications. The treating physician requested post-operative physical therapy x 18 sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 post-operative physical therapy 3 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: This request has been submitted for post-operative physical therapy after lumbar spine surgery. However the request was submitted prior to approval of the requested surgery. Without approval for the underlying surgery, this request is not applicable. Therefore the request is not medically necessary.