

Case Number:	CM15-0094536		
Date Assigned:	05/20/2015	Date of Injury:	11/18/2011
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

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:

This is a 49-year-old male with a November 18, 2011 date of injury. A progress note dated April 20, 2015 documents subjective findings (back pain described as mild and intermittent; symptoms are better), objective findings (no tenderness or spasms of the spine; normal motor strength and sensation), and current diagnoses (post laminectomy syndrome). Treatments to date have included physical therapy, imaging studies, back surgery, and medications. The treating physician documented a plan of care that included additional physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the lumbar spine, 2x6, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for low back pain. He underwent a microdiscectomy in November 2014. He had

postoperative physical therapy and, as of 03/15/15 had completed 15 postoperative treatment sessions. When seen, he was having mild back pain. He was no longer having leg pain. He was noted to be working. There was a normal examination of the lumbar spine and normal lower extremity neurological examination. Authorization for additional physical therapy was requested. Guidelines address the role of therapy after a lumbar discectomy with a postsurgical physical medicine treatment period of 6 months and up to 16 physical therapy visits over 8 weeks. In this case, the claimant has already had therapy with reported benefit. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the amount of additional therapy being requested is in excess of that recommended following this procedure. Providing this number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is therefore not medically necessary.