MAXIMUS Federal Services

Case Number:	CM13-0032143		
Date Assigned:	12/20/2013	Date of Injury:	03/19/2012
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, and is licensed to practice in California, Wahington DC, Maryland, and Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

As per medical records reviewed, the claimant is a 60 year old who sustained a work related injury on 03/19/2012. The claimant sustained a lower back injury during work from lifting. Due to persistent severe radicular symptoms, the patient had lumbar spine fusion 5/29/2012. The patient has participated in physiotherapy with improvement. She complains of lower back pain that radiates into the left leg. Claimant has completed a total of thirty physical therapy sessions. EMG NCV done on 6/27/2013 revealed mild to moderate, chronic L4/US1 radiculopathy, L>R.. [redacted] office note on 09/18/2013 pertinent findings: The claimant states her low back pain is the same. She has been improving since surgery but slowly in terms of strengthening. Left leg feels weaker. Pt still has lumbar spine pain with radiation into the left leg. Currently in physiotherapy twice weekly. Exam: tenderness of the lumbar spine, 3+/5 muscle tone of the left leg and thigh, range of motion: flexion 40, extension 20, bilateral lateral flexion 20, bilateral rotation 20, MRI reveals 8mm disc herniation with S2 nerve root compression. Diagnosis: 1. Mild to moderate, chronic L4/L/S1 radiculopathy, L>R 2. Lumbar disc herniation with radciulopathy, status post op. 3. Lumbar fusion with posterior hardware The treating physician requested authorization for MRI of the lumbar spine with IV contrast due to persistent pain and weakness. After the MRI is done the patient may consider TFE L5-S1 and/or L5-S1 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 x week for 4 weeks, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (Effective July 18, 2009) page 11 section on post-surgical physical medicine stated: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy pursuant to Labor Code section 4604.5(d)(1). In the case of the claimant, she has received over 30 sessions of post-surgical physical therapy, with no documentation of any functional improvement. Therefore the request for Physiotherapy 2 x week for 4 weeks, lumbar spine is not medically necessary.