

Case Number:	CM13-0042087		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2011
Decision Date:	02/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, and is licensed to practice in Maryland. 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:

The injured worker was a 54 year old man injured on November 1, 2011. He was driving a water truck and when he was dismounting the cab of the truck, he slipped on the bottom step and fell. He was diagnosed as having a flank contusion, a right hand contusion and chronic back pain in the emergency room. His main complaints were hip and back pain. He was then treated with Toradol injections. He subsequently was treated with TENS unit and Physical therapy. An MRI of the lumbar spine was obtained on January 31, 2012 which showed at least mild circumferential stenosis of the spinal canal most prominent at L3-4 with marked levoscoliotic curvature. He was treated with epidural steroid injections with temporary improvement. He also had scoliosis deformity reduction on August 28, 2012. At that time, the patient had a direct lateral approach for partial discectomy and vertebrectomy L2-3 with placement of a PEEK prosthesis at the L2-3 level and at L3-4 level with a reduction of the scoliosis and a complete L3-4 spondylolisthesis reduction. Then the patient had lumbar pain primarily with some thoracic pain. He required high doses of opioids and intense physical therapy. The patient's medical regimen includes, oxycodone, 1 to 2 every 4 hours and valium twice a day. The patient had completed 24 physical therapy visits according to the utilization review report. The physical therapy notes are mostly handwritten and are difficult to read. Physical therapy notes from 11/15/12 noted somewhat improved symptoms with flexion of spine at 75%, extension at 50%, side bend at 70% and rotation at 75%. The treating provider notes continued back pain requiring high doses of Opioids. A request was made for continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guide.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy.

Decision rationale: According to ACOEM and MTUS guidelines, physical therapy is recommended for back pain in post-operative period as long as there is improvement in pain and functional status. In addition ODG recommends fading of treatment frequency from three times a week to once a week or less together with active self-directed home PT. The recommendations in intervertebral disc disorders status post discectomy and laminectomy are upto 16 visits over 8 week period. He has had well over the recommended 16 weeks and there is no documentation of functional improvement. Hence the medical necessity for ongoing Physical therapy is not met.