

Case Number:	CM13-0043397		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2012
Decision Date:	04/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/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 claimant is a 34-year-old male patient with a work related injury on 02/16/2012, and the mechanism of injury was a result of cumulative trauma resulting in chronic intractable right leg pain, posterior buttock, posterior thigh, dorsal foot numbness, and plantar foot numbness. The patient reportedly has significant disc herniations at L4-5 and L5-S1. The patient is status post right L4-5 and L5-S1 microdiscectomy, right L5- S1 partial hemilaminectomy and right L5-S1 facetectomy. Other treatments have included 12 sessions of postoperative physical therapy to date, injections, medications, diagnostics.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS CONSISTING OF THERAPEUTIC EXERCISE FOR THE LUMBAR SPINE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The California MTUS Guidelines state "Post-surgical (discectomy) rehab: A recent Cochrane review concluded that exercise programs starting 4-6 weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment; high intensity exercise

programs seem to lead to a faster decrease in pain and disability than low intensity programs; home exercises are as good as supervised exercises; and active programs do not increase the re-operation rate. Although it is not harmful to return to activity after lumbar disc surgery, it is still unclear what exact components should be included in rehabilitation programs. High intensity programs seem to be more effective but they could also be more expensive. Another question is whether all patients should be treated post-surgery or is a minimal intervention with the message return to an active lifestyle sufficient, with only patients that still have symptoms 4 to 6 weeks post-surgery requiring rehabilitation programs. There is inconclusive evidence for the effectiveness of outpatient physical therapy after first lumbar discectomy. Although evidence from two trials suggested that intervention might reduce disability short-term, and more intensive intervention may be more beneficial than less intensive therapy, pooled results did not show statistically significant benefit. A systematic review yielded moderate to low quality evidence for effectiveness of postoperative exercise programs starting 4-6 weeks after lumbar disc surgery. Exercise programs seem to be more beneficial than no treatment, and high intensity exercises may be more effective than low intensity exercises.. Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks." On physical re-evaluation on 11/21/2013, the patient reported waking with pain and stiffness, as well as being unable to run, lift, and bend. Lumbosacral flexion is 75 degrees and extension is 5 degrees. Bilateral lower extremity strength is within normal limits, core strength is 4/5. Noted was improved mobility, however the patient continued to have limited lumbosacral lordosis with a forward trunk lean. The California MTUS Guidelines do recommend postoperative physical therapy and recommend 16 visits over 8 weeks. However, the documentation submitted for review noted 12 completed postop therapy sessions to date. The request for 8 additional visits would not be supported by the guidelines, as it would exceed the total number recommended by the guidelines. The request for postoperative physical therapy to the lumbar spine twice a week for 4 weeks of therapeutic exercise is not medically necessary and appropriate.