

Case Number:	CM13-0062459		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2012
Decision Date:	04/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 46 year old female who was injured on 04/202012. She states her foot got caught in a pillow. She was going to fall, but held on to an armoire. She felt pain in her lower back and her lower back popped. Prior treatment history has included x-rays, spinal surgery, physical therapy, acupuncture, Tylenol with Codeine #3, and Ibuprofen. The patient had a Doppler of the lower extremities which was negative for DVT. Operative report dated 12/18/2012 revealed lumbar spine disease, L5-S1. Procedures performed were a mini anterior retroperitoneal left-sided approach with anterior lumbar interbody fusion at L5-S1 and placement of HydroFix hydrogel patch over instrumented spine levels; harvesting of anterior iliac bone crest. Diagnostic studies reviewed include x-ray AP, lateral, and flexion-extension lumbar performed 12/27/2012 revealed uneventful anterior and posterior lumbar interbody fusion at L4-5 with all placements of screws in appropriate position. X-ray AP and lateral lumbar performed 01/24/2013 revealed uneventful ALIF at L5-S1, front and back procedure without any change in alignment of the hardware. X-ray AP and lateral lumbar spine performed 02/14/2013 revealed uneventful anterior-posterior instrumentation at L5-S1; anatomic placement of all instrumentation. X-ray AP, lateral, and flexion-extension lumbar spine performed 09/12/2013 revealed moderate grade bursal sided and intrasubstance tear of the supraspinatus tendon near the footprint measuring 1 cm in width and 8 mm in the anteroposterior dimension with a background of severe tendinosis and a tear of the superior labrum. PR2 dated 06/10/2013 indicated the patient continued to experience right shoulder pain radiating down the right arm as well as low back pain and bilateral lower extremity pain. Physical therapy notes indicated the patient had a total of 16 physical therapy sessions from 03/18/2013 through 06/11/2013. PR2 dated 07/17/2013 indicated the patient was still concerned about the continued lower back pain, right leg pain, and right shoulder pain. She is 30% better as compared to before surgery but nevertheless, she continued

to have significant symptoms. Objective findings on musculoskeletal exam reveal significant straight leg raise on the right side; paresthesias and dysaesthesias in the buttock. She has 4/5 strength right lower extremity, clearly weaker on the right side than the left side. PR2 dated 09/12/2013 indicated the patient was continuing to have back pain. She was getting a little better as compared to before surgery. Objective findings on exam reveal she has tenderness around the iliac crest bone graft site. PR2 dated 10/23/2013 indicated the patient was continuing to have lower back pain and right leg pain and was not getting any better. The patient was diagnosed with chronic intractable axial lower back pain, with bilateral upper buttock pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS: 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): 98-99.

Decision rationale: According to the medical records, the patient is status post L5-S1 ALIF on 12/18/2012. She has undergone post-operative physical therapy of at least 24 sessions, including 16 sessions from March to June 2013. According to the California MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records do not establish that the patient has demonstrated objective functional improvement with previous physical therapy. In addition, there is lacking documentation that establishes that she currently presents with an exacerbation or flare-up, having failed to respond to self-directed home exercise, as to warrant a return to a brief course of supervised physical therapy. The medical necessity of physical therapy 2x3 weeks has not been established. Physical therapy is non-certified.

CT MYELOGRAM LUMBAR SPINE:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography

Decision rationale: The treating surgeon is requesting a CT myelogram to assess for solid lumbar fusion and evidence of nerve root compromise. Lucencies in the L5-S1 fusion were noted on an 8/29/13 CT and 11/24/13 X-ray's. The patient has right lower extremity radicular pain, diminished sensation, and mild weakness. 8/29/13 MRI quality is evidently inadequate due to artifacts from surgical instrumentation. The surgeon anticipates permanent and stationary status in the event of solid fusion and lack of nerve compromise. Medical necessity has been established. CT myelogram lumbar spine is certified.

