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| Case Number: | CM14-0002797 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 10/24/2009 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old female who has submitted a claim for persistent back pain status post L2-5 intervertebral disc replacement associated with an industrial injury date of 10/24/2009. Medical records from 08/17/2012 to 12/27/2013 were reviewed and showed that patient complained of low back pain graded 5/10 that radiated down the buttocks. The pain was aggravated with prolonged sitting, twisting, and bending. Physical examination revealed tenderness and spasm over the lumbar paraspinal muscles. Limitation of lumbar ROM was noted. SLR test on bilateral lower extremities was negative. MMT and sensation to light touch of the bilateral lower extremities were intact. MRI of the lumbar spine dated 05/01/2012 revealed multilevel discogenic disease of the lumbar spine with extruded disc at L1-2 and L4-5. MRI of the lumbar spine dated 07/28/2011 revealed chronic degenerative changes at L1-5. Discogram dated 09/28/2012 revealed positive concordant pain at L2-3, L3-4, and L4-5. X-ray of the lumbar spine dated 05/16/2013 revealed mild retrolisthesis at L2-3 and L3-4 and chronic degenerative disc disease and spondylosis at L1-2. The treatment to date has included artificial disc replacement L2-5 (02/05/2013), physical therapy, acupuncture, chiropractic treatment, 5 epidural injections, and pain medications. A utilization review, dated 12/27/2013, denied the request for twelve visits of physical therapy at two times a week for six weeks for the lumbar spine because there was no documentation of functional gains with 39 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low Back, Artificial Disc.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to CA MTUS Postsurgical Treatment Guidelines, 18 visits of post-operative physical therapy over 4 months are recommended for artificial disc replacement of the lower back. In this case, the patient has already completed 39 visits of physical therapy. It is unclear as to why the patient cannot self-transition to HEP to maintain improvement levels. Therefore, the request for Physical Therapy (2) times a week for (6) weeks for the lumbar spine is not medically necessary.