

Case Number:	CM14-0007489		
Date Assigned:	02/10/2014	Date of Injury:	10/11/1999
Decision Date:	08/04/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Orthopedic Surgery 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:

This is a 37 year old male with a 10/11/99 date of injury. A 10/2/13 progress report indicates continued low back pain; rated 8/10; not doing too well; low back pain radiates to legs, left greater than right; burning sensation in toes; medications are helping relieve pain; not sleeping well. On exam, the patient appears anxious; heart: regular rate, rhythm; lungs clear to auscultation bilaterally; abdomen soft, non-tender; positive straight leg raising bilaterally; positive Patrick's, facet loading test; decreased sensation right leg; weakness bilateral lower extremity; tenderness to palpation lumbar paraspinal muscles and SI joint regions. Diagnoses include lumbar radiculopathy; failed back surgery syndrome; chronic pain syndrome; opioid dependence. Treatment to date has included MS Contin; Lyrica 100mg tid; Percocet. A 12/5/13 progress report indicates persistent lower back pain radiating to the bilateral legs. Physical exam demonstrates persistent lumbar tenderness. A SCS trial in 2012 demonstrates a successful outcome with electrode lead from T8-T9. The patient was certified for T9 laminectomy for placement of epidural paddle electrode and placing of SCS in the gluteal area. There is documentation of a previous 12/19/13 adverse determination with modification to 16 PT visits per guidelines recommendations. 12/5/13 progress report indicates persistent lower back pain radiating to the bilateral legs. Physical exam demonstrates persistent lumbar tenderness. A SCS trial in 2012 demonstrates a successful outcome with electrode lead from T8-T9. The patient was certified for T9 laminectomy for placement of epidural paddle electrode and placing of SCS in the gluteal area. There is documentation of a previous 12/19/13 adverse determination with modification to 16 PT visits per guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 24 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Guidelines supports up to 16 postoperative PT visits following lumbar laminectomy. However, there is documentation of a previous modified certification for 16 postoperative PT visits. There is no discussion as to why this number of visits would be insufficient in this patient. In addition, there is no evidence of objective functional improvement with previous PT. There are no identified barriers to transition into an independent home exercise program within the visits previously certified. It is unclear how many PT visits were already completed. Therefore, the request for post op physical therapy 24 sessions is not medically necessary.