

Case Number:	CM14-0007684		
Date Assigned:	02/07/2014	Date of Injury:	03/08/1995
Decision Date:	06/23/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuro-muscular 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 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 70 year old male with a work injury dated 3/8/95. The diagnoses include status post T6 through sacral fusion following a fall, chronic axial myalgia likely secondary to hardware and fusion devices. There is a request for additional therapy to the lumbar spine two times a week for six weeks. There is a 12/10/13 pain management consult which states that the patient has had multiple spine surgeries and revisions including most recent removal and revision of arthrodesis and multilevel fusion in April 2013. He is referred for pain management at this time. The patient states that he continues to have ongoing daily chronic pain which he states is approximately 8/10 on the numeric rating scale and generally of the mid to low back and bilateral lower extremities. This is in association with bilateral lower extremity numbness/tingling which has been chronic over several years. The patient also has ambulatory difficulty limited to less than 100 yards secondary to severe lower extremity pain. The patient has recently started his approved physical therapy treatments which he states had been beneficial in increasing his ambulatory capacity and range of motion. He denies any new onset weakness, but endorses constant non-progressive gait instability for several years duration. He is taking four Norco a day, regular interval, for breakthrough pain and states that in the past he has trialed down titration. He has had severe exacerbation of pain and inability to walk. Similar features have been noted with Soma which he utilizes for muscle spasm. On physical exam the patient is in no acute distress. He ambulates with forward flexion of the lumbosacral spine with a cane for balance assistance with a wide-based shuffling antalgic gait He has limited range of motion in all planes with forward flexion to 20 degrees, extension to 5 degrees, and left and right lateral rotation 10 degrees respectively secondary to severe stiffness and pain. He has multilevel intervertebral space tenderness throughout his lower thoracic and lumbar spine but surgical

incision appears clean, dry, and intact. The patient is able to stand on toes and heels with assistance for balance. Motor strength is preserved in bilateral hip flexors, knee extensors, and ankle dorsiflexion and plantarflexion. He has diffuse loss of cold touch sensation throughout bilateral lower extremities and anterior thighs, shins, and feet. No evidence of any wounds or erythema or lower extremity swelling. The treatment plan recommended continuing physical therapy two times a week for six weeks. A 2/5/14 neurosurgery progress report with request for authorization states that the patient is status post thoracolumbar fusion. The patient feels that he is doing well. He states his activity has increased and his pain level has significantly improved. He continues to take Soma but he states with oral pain medications, that his symptoms are at bay and that he can perform many of the activities of his daily life. He states that he has never felt this good in the last 10 years. On physical exam he continues to have a non-focal exam. He intermittently uses a cane for ambulation but states this is only to provide him with stability on his long walks. He is able to ambulate without the cane. The treatment plan states that the patient has been improving with the strength with physical therapy. The provider is requesting physical therapy four times a week times six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL THERAPY TO THE LUMBAR SPINE TWO TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation the CA MTUS Guidelines regarding physical therapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99; 9792.20. Medical Treat, Postsurgical Treatment Guidelines.

Decision rationale: Additional therapy to the lumbar spine two times a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per documentation the patient has had at least 24 sessions of PT already. The document dated 1/27/14 from his physical therapist states that the patient is making gains at the impairment level which translates to meeting 50% of his short term goals and 33% of long term goals despite his elevated pain levels. The documentation indicates that the patient is compliant in his home exercise routine. There is no extenuating circumstance that warrants additional supervised therapy. The request for an additional 12 sessions of physical therapy would exceed guideline recommendations for this surgery which would recommend up to 34 post operative visits. The patient is compliant in his home exercise routine. It is not exactly clear how much functional improvement as defined by the MTUS he has had prior beginning of therapy to the completion. The request for additional therapy to the lumbar spine two times a week for six weeks is not medically necessary.