

Case Number:	CM14-0101634		
Date Assigned:	07/30/2014	Date of Injury:	08/02/2001
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 injured worker is a 53 year-old male who reported a work related injury on 08/02/2001. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of degeneration of the lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc, and spinal stenosis. Past treatment has included surgical intervention, medication, and 12 post-operative physical therapy visits. The injured worker had an EMG/NCV; the results were not provided. The surgical history included posterior lumbar interbody fusion, and a laminectomy, facetectomy, and a foraminotomy for decompression on 03/18/2014. Upon examination on 06/02/2014, the injured worker stated there had been some improvement in his pain level and activity and continued the usage of a lumbar support. He stated his overall condition and pain was better than before his surgery. It was also noted that his profound foot drop had improved. Palpation of the low back revealed mild tenderness and spasm in the paravertebral muscles as well as localized tenderness over the screws from low back surgery. Range of motion was noted to be limited by 50 percent in all directions. The prescribed medication list was not provided for review. The treatment plan consisted of continued ambulation, and physical therapy for 3 times a week for 4 weeks. The rationale for the request and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for two weeks, to the lower back.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for physical therapy three times a week for two weeks, to the lower back is not medically necessary. The CA MTUS Post-Surgical Treatment Guidelines recommend 16 visits over 8 weeks for postsurgical treatment for a discectomy/laminectomy. The postsurgical physical medicine treatment period is 6 months. For postsurgical treatment following a fusion, the guidelines recommend 34 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The medical records provided indicate the injured worker is status post a posterior lumbar interbody fusion, and a laminectomy, facetectomy, and a foraminotomy for decompression on 03/18/2014. The documentation submitted for review stated the injured worker completed 12 sessions of post-surgical physical therapy which included heat, ultrasound, and range of motion strengthening exercises of the low back for 3 times a week for 4 weeks. However, documentation regarding those sessions was not provided for review. The injured worker stated his overall condition and pain was better than before his surgery. It was also noted that his profound foot drop had improved. However, within the documentation there was no evidence of exceptional factors to warrant additional visits. The injured worker was noted to be using an assistive device. However, there was no mention of a home exercise program being implemented. Additionally, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards to the lower back with previous physical therapy sessions. In addition, the request for 6 additional sessions exceeds the guideline recommendations for a discectomy/laminectomy and is outside of the 6 month postsurgical physical medicine treatment period. Therefore, the request for physical therapy three times a week for two weeks, to the lower back is not medically necessary.