

Case Number:	CM14-0109671		
Date Assigned:	08/01/2014	Date of Injury:	03/16/2000
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 injured worker is a 49-year-old male with a date of injury of 3/16/2000. The mechanism of injury is unknown. The injured worker is noted to have persistent chronic back pain. He has a history of lumbar laminectomy and fusion in the past. He underwent revision with hardware removal at L4-5 on 5/6/14. He has had physical therapy post-operatively. On musculoskeletal exam: on palpation lumbar spine is within normal limits; there is no erythema, swelling, deformity or tenderness. On 05/06/2014, the patient underwent a procedure of removal of retained hardware, L4-L5 and exploration of lumbar fusion, L4-L5. Medications are Ativan, Endocat, MS Contin, Cytomel, Levothyroxine, and Diovan. The patient has allergy to Ultram resulting in mild itching. Diagnoses are degenerative lumbar intervertebral disc and post laminectomy syndrome of lumbar region. The patient is advised to continue physical therapy. He has also been given a refill of Norco and Zanaflex. UR determination for 12 physical therapy sessions was modified to six physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, physical therapy criteria.

Decision rationale: The California MTUS guidelines, state that physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) guidelines recommends 9 visits over 8 weeks Intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache and 16 visits for post-surgical - laminectomy. In this case, the injured worker has received physical therapy and the Claims Administrator recently modified the request for additional physical therapy to six visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury. Moreover, additional physical therapy visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request for 12 physical therapy sessions is not medically necessary and appropriate.