

Case Number:	CM14-0011342		
Date Assigned:	02/21/2014	Date of Injury:	04/29/2010
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 40-year-old male with a 4/29/2010 date of injury, when he twisted while holding the ladder and injured his lower back. The patient is status post right laminotomy at L4-L5 with bilateral neural foraminotomy and partial facetectomy, decompression and microdiscectomy on 6/26/13 with post operative physical therapy PT) (at least 21 visits were noted). A PT note from 10/23/13 (visit number 21 post operatively) stated that the patient reported his low back pain, which had gotten worse and was noted to not be progressing. Lumbar flexion and extension were 0-20 degrees and 0-10 degrees respectively, lateral flexion was 0-20 degrees and rotation was 0-30 degrees. Muscle strength testing was within normal limits. The patient was seen on 02/11/2014 with complaints of sharp stabbing 6-7/10 pain with occasional 10/10 pain flare ups in the low back and both legs. The patient denies numbness or tingling in the low back and lower extremities. There is muscle spasms numbness in the lumbar area. The patient uses cane occasionally. Exam findings revealed moderate tenderness in the lumbar spine area and 50% of normal range of motion in that area. Straight leg test causes low back pain without radiation. Motor and sensory exams are normal in the lower extremities. The diagnosis is lumbosacral strain, lumbar radiculopathy and lumbago. The patient is noted to be in a home exercise program. Then treatment plan was to obtain an EMG and possibly perform an epidural as well as consider surgery depending in the results. 01/16/13 MRI of the lumbar spine: L1-L3 normal; L3-L4: 2mm symmetrical disc bulge, mild facet arthropathy and mild-moderate neural foraminal narrowing; L4-L5: 4mm central disc protrusion, mild-moderate facet arthropathy, mild-moderate neural foraminal narrowing; L5-S1: 2 mm symmetrical disc bulge and mild-moderate facet arthropathy. 11/12/13 X-rays of the lumbar spine: right-sided laminectomy at L4-L5 with mild to moderate disc space narrowing at L4-L5. 02/04/14 EMG/NCV of the lower extremities was negative. Treatment to date: medication, right laminotomy at L4-L5 with bilateral neural

foraminotomy and partial facetectomy, decompression and microdiscectomy on 6/26/13, home exercise program and 34 sessions of physical therapy, chiropractic, epidurals. An adverse determination was received on 1/17/14 given exceed number of the recommended physical therapy sessions due to referenced guidelines. In addition, the exceptional factors were not noted to validate the need for further physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG - Preface Physical Therapy Guidelines and ACOEM, 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient is status post right laminotomy at L4-L5 with bilateral neural foraminotomy and partial facetectomy, decompression and microdiscectomy on 6/26/13 with 21 postoperative visits that were not noted to be significantly helpful with regard to pain or functional improvement. The patient was not noted to be progressing per the PT notes. In addition the patient had no focal neurological deficits on his last session of physical therapy. CA MTUS post surgical treatment guidelines suggest 16 visits over 8 weeks, and the patient had 21 PT sessions post operatively. Since then, the patient is noted to be worsening in terms of his low back pain with complaints of numbness in the lower extremities. However, an EMG/NCV from 2/04/14 revealed no evidence of radiculopathy. There was no rationale given for additional physical therapy at this point. In addition, ODG states patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The request is for 8 visits, which exceeds the ODG guidelines. Therefore, the request for additional 8 physical therapy visits for the lumbar spine was not medically necessary.