

Case Number:	CM14-0017778		
Date Assigned:	04/16/2014	Date of Injury:	01/22/2012
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The patient is a 43-year-old male who sustained an injury on 1/22/12. The patient underwent a two-level lumbar laminectomy with instrumentation and fusion on 9/9/2013. Examination of 12/11/2013, states the patient has completed 12 postoperative sessions. The examiner states he definitely feels some improvement. He continues to have pain when he sits or stands for prolonged periods of time. He can walk for about an hour and then the pain in his back and legs becomes too much and he has to take a break. Physical examination reveals (+2) tenderness in the paraspinal muscles sensation is equal bilaterally; muscle strength testing is 4/5 in the left leg and 5/5 in the right leg, range of motion and 75° of flexion 10° of extension. In the Examination of 1/16/14, the patient states that his low back pain has improved but he continues to have bilateral lower extremity pain; the pain is worse with prolonged sitting, standing and walking. He rates his low back pain at 4/10 and lower extremity pain at 4/10. The pain does not wake him up at night unless he turns in bed. He has more pain in the right leg than the left. Physical examination spinal flexion 70°, extension 10° right and left lateral bending 25°, (+2) tenderness to palpation of paraspinal muscles motor strength is 4/5 in the left lower extremity and 5/5 on the right. At this time the patient has completed approximately 26 physiotherapy rehabilitation sessions and manual therapy. A request is made for an additional 12 sessions of physiotherapy rehabilitation, therapeutic exercises, and manual therapy to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY REHABILITATION THERAPEUTIC EXERCISE, MANUAL THERAPY TO THE LOW BACK, 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12,16.

Decision rationale: The MTUS Postsurgical Medical Treatment Guidelines for a lumbar fusion are 34 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. However, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In this case, there are 2 examinations that are documented after a course of therapy: one follows 12 sessions of therapy and the next one followed 26 sessions of therapy. Both examinations are essentially the same and they both started out by stating that the patient has shown improvement with treatment. However, the patient appears to have the same symptoms in both examinations; increased pain with prolonged sitting, standing and walking. The amount of tenderness in the paraspinal muscles is unchanged and the muscle strength in the legs is unchanged. In addition, where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical therapy. Therefore, the request for physiotherapy rehabilitation, therapeutic exercise, and manual therapy to the low back, quantity 12 sessions, are not medically necessary and appropriate.