

Case Number:	CM14-0151564		
Date Assigned:	09/19/2014	Date of Injury:	04/15/2008
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neuromuscular 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 66 year old male with a work injury dated 4/15/08. The diagnoses include spinal stenosis with neurogenic claudication; thoracic/lumbosacral radiculitis; lumbar sprain. Under consideration is a request for physical therapy 6 visits on the lumbar spine. There is a physical therapy (PT) progress report dated 8/14/14 that states that the patient has had 25 PT visits and reports that he continues to have moderate left leg pain. Most of his symptoms are down the left posterior thigh. He reports of having difficulty with squats and any hamstring strengthening exercises. He also reports of frequent numbness to his left thigh. He does try and walk a mile and notices that his left foot begins to drag at a 1.5 mile. At this time he reports that he is taking pain pills every day. He finds that he can tolerate and gain more from pool therapy. On exam the R: 5/5 L: 4/5 Quadriceps: 5/5 Hip Flexors: R: 4+/-/5 L: 4/5 dorsiflexion: R: 5/5 left 4-/5 Hip Abduction: R: 4+/-/5 left 4/5. There is decreased sensation to left anterior thigh. The treatment plan states that the patient has completed 25 out of 26 physical therapy visits. Patient (pt) is making slow progress with improved strength and stabilization. He gains more out of pool therapy as he can tolerate the exercises with less pain. He continues to have moderate amount of pain and radiculopathy in the left lower extremity. He has difficulty with tolerating quadriceps and hamstring curls. He has a fair amount of weakness in the left hip abductors, dorsiflexors and hamstring muscles. At this point the patient may benefit from 6 more pool therapy sessions. A 9/3/14 physician progress report states that the patient has been walking up to one mile per day. He started therapy, and he started having increasing pain in his back and down the left side of his leg. He had longstanding neurologic symptoms prior to surgery, and is likely old damage. Based on this, the surgeon states that he feels that it would be best for him to stop formal therapy, and just continue along with unofficial therapy; i.e. walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 visits on the lumbar spine: Upheld

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

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

Decision rationale: Physical therapy 6 visits to the lumbar spine are not medically necessary. The documentation indicates that the patient has had a significant amount of pain with physical therapy as evidenced by the 8/18/14 visit where the patient states that he was in bed most of the day and 8/20/14 visit where the patient states he has a moderate amount of pain and left leg radiculopathy. The follow up 9/3/14 physician office visit indicates that the patient continues to have pain increased with therapy. The MTUS states that in many situations, acute pain serves as a highly adaptive and beneficial experience. Most acute pain is self-limited and may respond to short term administration of analgesics and conservative therapies. However, continued activation of nociceptors with less than adequate pain control can lead to peripheral and central sensitization, a risk factor for persistent pain with prolonged disability, delayed return to baseline function, and delayed return to work. The guidelines recommend up to 34 visits for this surgery, however the documentation indicates that the patient is walking up to 1 mile per day and therapy is increasing his pain. The request for additional physical therapy 6 visits to the lumbar spine is not medically necessary.