

Case Number:	CM14-0154569		
Date Assigned:	09/24/2014	Date of Injury:	04/11/2012
Decision Date:	11/26/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 62-year-old male with a 4/11/12 date of injury. The patient sustained an injury to his neck, left shoulder, left arm, left hand, low back, and legs due to a truck accident. According to a progress report dated 7/30/14, the patient had a 2-level anterior cervical fusion, which was performed at C5-C6 and C6-C7 in February 2014. He subsequently went on to have a lumbar laminectomy for multilevel lumbar spinal stenosis in April 2014. He complained of pain radiating down his left leg with activity and weakness in his left leg that led him to fall. Objective findings: knee extensor weakness, numbness radiating down the leg in the L5 and the L4 nerve root distribution. X-ray findings show multilevel degenerative disease of the lumbar spine. Diagnostic impression: status post cervical fusion, post laminectomy lumbar spine, left femoral and sciatic nerve complaints. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 8/14/14 denied the request for CT scan of the lumbar spine and modified the request for 12 sessions of physical therapy to 2 sessions. Regarding CT scans, the patient is indicated for an MRI and there is no evidence that this would not be efficacious. A specific rationale for physical therapy modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lumbar spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J. Occupational Medicine Practice Guidelines, 2nd ed. (2004) pg. 308-310

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-CT

Decision rationale: ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. However, in the present case, an MRI of the lumbar spine was certified in the UR decision dated 8/14/14. A specific rationale was not provided as to why this patient requires a lumbar CT in addition to the lumbar MRI. Therefore, the request for CT lumbar spine w/o contrast was not medically necessary.

PT 2x6 for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines - Lumbar Laminectomy.

Decision rationale: 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in the present case, this patient is status post lumbar laminectomy for multilevel lumbar spinal stenosis in April 2014. Guidelines support up to 16 visits over 8 weeks postsurgical physical therapy treatment for lumbar laminectomy. It is unclear how many sessions he has previously completed. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for PT 2x6 for lumbar spine was not medically necessary.