

Case Number:	CM14-0170894		
Date Assigned:	10/23/2014	Date of Injury:	08/27/2013
Decision Date:	12/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 58 year old male who reported an injury on 08/27/2013 due to a motor vehicle accident. His diagnoses included lumbar spine stenosis. Past treatment included medication and surgery. His surgical history included lumbar laminectomy on 05/22/2014. On 08/04/2014, the injured worker followed-up for his thoraco-lumbar spine. It was noted the injured worker had continued back pain. The physical examination revealed decreased range of motion, decreased sensation and loss of motor strength to the lumbar spine. On 08/29/2014, the injured worker complained of back pain, rated 6/10. The physical examination revealed the injured worker's lumbar range of motion to include flexion at 35 degrees, extension 10 degrees, right lateral bend at 10 degrees and left lateral bend at 10 degrees. It was also noted the injured worker had a negative straight leg raise bilaterally, and his motor strength and sensation were within normal values. The case notes indicated the injured worker to have completed 12 physical therapy visits. His medications included Hydrocodone 10/325mg, Pantoprazole Sodium 20mg, Orphenadrine Citrate 100mg, and Dicoflenac Sodium 100mg. The treatment plan included 12 additional physical therapy visits for the lumbar spine to improve soft tissue mobility, decrease pain and educate the patient on a home exercise program for self-pain management. A request was received for additional post-operative physical therapy to the lumbar spine, 3 times a week for 4 weeks as an outpatient. A Request for Authorization form was received on 09/05/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative physical therapy to the lumbar spine, 3 times per week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation EBM reference

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

Decision rationale: The request for additional post-operative physical therapy to the lumbar spine, 3 times a week for 4 weeks as an outpatient is not medically necessary. According to the California MTUS Guidelines, up to 16 visits of postoperative physical therapy may be warranted following a laminectomy procedure. The guidelines also state the documentation should show objective functional improvement after an initial trial to justify additional visits. The injured worker was noted to have had a lumbar laminectomy on 05/22/2014 and to have completed 12 postsurgical physical therapy visits noting objective functional improvement. The physical therapy notes revealed the injured worker to have continued pain before, during and after treatments, however, the most recent visit indicated an increase in range of motion with sensation and motor strength to be within normal values. Although the documentation provided evidence of objective functional improvements, the requests exceeds the number of visits suggested by the guidelines. Based on the guidelines recommending 16 post-operative physical therapy visits and the request exceeding the allotted amount, the request is not supported by the guidelines. As such, the request for additional post-operative physical therapy to the lumbar spine, 3 times a week for 4 weeks as an outpatient is not medically necessary.