

Case Number:	CM14-0174930		
Date Assigned:	10/28/2014	Date of Injury:	11/26/2008
Decision Date:	12/15/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/22/2014

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 Minnesota. 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 53 year old female with chronic thoracic and lumbar pain related to a work injury of 11/26/2008. The worker underwent an anterior and posterior lumbar spinal fusion from L2 to L5 on 6/11/2012. She has not been able to return to work since 2008. At the time of the last office visit and physical therapy evaluation of 9/22/2014 she was complaining of 8/10 pain in the thoracic and lumbar area associated with muscle spasms, numbness and tingling of both lower extremities, weakness of both lower extremities with buckling. She had impaired activities of daily living, impaired flexibility of the spine with markedly decreased range of motion and weakness. Her gait was antalgic. She had generalized tenderness to light touch in the area of the lumbar surgical scar and difficulty with ambulation and posture. There was significant guarding present. Imaging studies have not revealed any problems with the fusion or the hardware although the Radiology reports were not submitted. She was approved by Utilization Review for 2 physical therapy visits with transition to a home exercise program. Requested medications including Naproxen and Cyclobenzaprine were also approved. The disputed issue pertains to a request for physical therapy 2 x 6 which was modified by Utilization Review to 2 visits with transition to a home exercise program. The reason was lack of documentation indicating the need for physical therapy and absence of records pertaining to the prior post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two Times a Week for Six Weeks for the Low Back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98, 99.

Decision rationale: The worker clearly has difficulty with a failed lumbar fusion and chronic back pain. Her pain levels range from 8/10 to 10/10 per available documentation. It is not clear what her functional status was prior to 9/22/2014 but a physical therapy evaluation on that day revealed significant functional disabilities with an antalgic gait, loss of range of motion, weakness of the lower extremities, and difficulty with transfers and activities of daily living. The therapist felt that she was a good candidate for rehab. The worker clearly needs more than two physical therapy visits to become independent with an active exercise program and make substantial functional gains. The California MTUS guidelines for chronic pain suggest a comprehensive interdisciplinary approach including pharmacologic, physical medicine, interventional and psychological performed in an integrated manner. The therapy is geared towards functional restoration and not just pain control. She has been placed on medications and physical therapy has been started. The Physical Medicine guidelines allow for fading of treatment frequency from 3 treatments per week to one per week or less plus an active self-directed exercise program. Although 9-10 treatments over 8 weeks are adequate for myalgia and myositis and 8-10 treatments for radiculitis, gradual fading will be necessary in light of the severity of the weakness and inability to perform activities of daily living. Therefore the requested 12 treatments are appropriate and medically necessary.