

Case Number:	CM14-0177823		
Date Assigned:	10/31/2014	Date of Injury:	10/02/1985
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Interventional Spine 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 72 year-old female with the date of injury of 10/02/1986. The patient presents with pain in her low back, radiating down into her right lower extremity with tingling or numbing sensations. The patient also reports experiencing depression and anxiety. Her range of lumbar motion is restricted. Her forward flexion is 30 degrees and extension is 20 degrees. There is swelling over the right lateral hip and iliac crest. Physical examination reveals paraspinal tenderness throughout the bilateral paraspinals and in the thoracic and lumbar region. The patient is retired. According to [REDACTED] report on 09/11/2014, diagnostic impressions are; 1) S/p L3-L5 laminotomies redo with ongoing right lower extremity radiculopathy 2) Deconditioning and neurologic weakness right lower extremity 3) The patient is legally blind. The utilization review determination being challenged is dated on 09/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/06/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her lower back and right leg. The patient is s/p failed L3-L5 laminotomies several years ago. The request is for physical therapy 2 times a week for 6 weeks. Review of the reports indicates that the patient has had 6 visits of physical therapy in the past with about 60-70% pain reduction. MTUS guidelines allow up to 20 visits over 6 months after a lumbar surgery. This case appears to be out of post-operative time-frame. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The treater requests additional physical therapy to fully address her lower back, right hip, right thigh and knee condition. Since the patient is legally blind and she has difficulty doing home exercise, a short-course of physical therapy may be reasonable to address the patient's chronic and persistent symptoms. However, the requested 12 sessions exceed what is allowed by MTUS for this kind of condition. Request is not medically necessary.

Home health four (4) hours a day for four (4) days a week for one year's duration:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The patient presents with pain and weakness in her lower back and right leg. The patient is s/p failed L3-L5 laminotomies several years ago. The request is for home health care 4 hours a day, 4 days a week for one year duration. The utilization review letter on 09/29/2014 indicates that the patient has authorized 3 months of home health care since 07/14/2014. MTUS page 51 has the following regarding home health services: " Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the treater asked for one-year's home health care to avoid the need of ongoing authorization process, but does not address why the patient would be in need of a full-year home health care. However, the patient is legally blind and suffers from chronic pain being s/p lumbar surgery from some time ago. The request for home help to aid in house hold chores appear medically reasonable. Recommendation is for authorization.

Additional twenty four (24) sessions of physical therapy: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her lower back and right leg. The patient is s/p failed L3-L5 laminotomies several years ago. The request is for additional 24 sessions of physical therapy. Review of the reports indicates that the patient has had 6 visits of physical therapy in the past with about 60-70% pain reduction. MTUS guidelines allow up to 20 visits over 6 months after a lumbar surgery. This case appears to be out of post-operative time-frame. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The treater requests additional physical therapy to fully address her lower back, right hip, right thigh and knee condition. Since the patient is legally blind and she has difficulty doing home exercise, a short-course of therapy may be reasonable to address the patient's chronic and persistent symptoms. The patient continues to have ROM issues with the lumbar, for example. However, the current 24 sessions combined 6 already received would exceed what is recommended per MTUS guidelines. Request is not medically necessary.