

Case Number:	CM14-0184676		
Date Assigned:	11/12/2014	Date of Injury:	08/15/2011
Decision Date:	12/18/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain Medicine 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 male patient with a date of injury of August 15, 2011. A utilization review determination dated October 21, 2014 recommends non-certification of additional physical therapy x12 for the low back. A progress note dated September 17, 2014 identifies subjective complaints of back pain; the patient had a posterior fusion L4-S1 surgery on November 19, 2013. The patient reports pain across lower back, he describes the pain as numbness, throbbing, aching, dull, pressure, stabbing, and tingling. His current pain level is a 5/10. His symptoms are alleviated with medication, walking, and sitting. His pain is exacerbated by walking, standing, sitting, all physical activities, and with lying down. The patient reports pain radiating down the left leg, numbness, and aching. The reported pain severity is mild. The patient had a TFESI at left L5-S1 on September 5, 2014 with excellent benefit for 10 hours. Physical examination of the lumbar spine reveals that the surgical incision is fully healed, mild tenderness to palpation at the left lower lumbar paraspinal muscles and right lower lumbar paraspinal muscles, lumbar range of motion is slightly decreased, straight leg raise test is positive on the left, and sensation is decreased on the left in the L5 dermatome. The diagnoses include back pain, lumbar radiculopathy, lumbosacral spondylosis without myelopathy, lumbar post laminectomy syndrome, spinal stenosis with neurogenic claudication, lumbar degenerative disc disease, and spinal stenosis without neurogenic claudication. The treatment plan recommends waiting until 12 months post-op prior to considering revision surgery for the LLE symptoms, NSAIDs as discussed, and recommend daily HEP for core strengthening. A physical therapy progress note dated September 19, 2014 identifies that the patient has completed 39 sessions of physical therapy, it is noted that the patient declines when not in regular PT, and the patient responds positively to treatment designed to increase core strength and increase LE flexibility. The

treatment plan recommends continue MT work to deep paraspinal musculature, lower extremity strengthening, and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 12 for the Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Intervertebral Disc Disorders without Myelopathy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy x12 for the low back, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the patient has exceeded the maximum physical therapy visits recommended by the guidelines for the diagnosis. In light of the above issues, the currently requested additional physical therapy x12 for the low back is not medically necessary.