

Case Number:	CM14-0024569		
Date Assigned:	06/11/2014	Date of Injury:	12/06/2012
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 54-year-old male, who sustained a work-related injury on 12/6/2012, as result of frequent lifting and twisting to lift and move heavy boxes at work that lead to the development of pain radiating into his left leg. On his most recent progress report (PR-2) dated February 10, 2014, prior to his requested treatment, he had some residual left sided lower back pain and left calf pain and was a little over two (2) months post-operation for a lumbar hemilaminotomy that had been performed on 11/27/13. His pain was described as sharp, moderate in severity and intermittent in presentation. On examination, he as a slight antalgic gait with numbness and weakness, a decreased lumbar range of motion with distal strength testing at 5/5 proximally and distally bilaterally with a slightly diminished sensation along the left lower extremity. His patellar and Achilles deep tendon reflexes are 1-2+ bilaterally with an associative left-sided positive straight leg rise. Since his surgical procedure, he continue with anti-inflammatory medications, bracing, three (3) months of physical therapy, chiropractic treatments, a two (2) series of epidural injections (that was temporarily helpful, but the pain returned significantly afterward) and modification of his duties. Functionally, it is reported that the patient had a tremendous reduction in his use of Norco and improvement in his walking distance. Despite this treatment, the patient continues to experience left lower extremity radiculopathy and radiculitis and has lumbar degenerative disc disease. In dispute is a decision for physical therapy two (2) times a week for six (6) weeks to the lumbar spine. This is done to assist in the patient's improved functionality and medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments; Physical medicine Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and 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. A recent Cochrane review concluded that exercise programs starting four to six (4-6) weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment; high intensity exercise programs seem to lead to a faster decrease in pain and disability than low intensity programs; home exercises are as good as supervised exercises; and active programs do not increase the re-operation rate. Although it is not harmful to return to activity after lumbar disc surgery, it is still unclear what exact components should be included in rehabilitation programs. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines recommend sixteen (16) physical therapy visits over an eight (8) week period. Unfortunately, the patient has already exceeded the authorized number of physical therapy visits and should have transitioned to a home exercise program. Although the requesting physician's plan is commendable at continuing to assist the patient in their post-surgical recovery, the request does not meet guideline criteria. The request is not medically necessary.