

Case Number:	CM14-0036293		
Date Assigned:	06/25/2014	Date of Injury:	11/18/2009
Decision Date:	12/31/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 34 year old male sustained a work related injury on 11/18/2009. The mechanism of injury was not made known. On 03/30/2012, the injured worker underwent an anterior lumbar discectomy, partial corpectomy, fusion at L4-L5 as well as L5-S1 with placement of interbody cage/plate devices and use of left iliac crest graft as well as a lumbar laminectomy with foraminotomies at L4-L5 and L5-S1 plus a bilateral fusion from L4-S1 with pedicle screw hardware and use of iliac crest graft. The operative report was not submitted for review. As of a progress report dated 01/21/2014 the injured worker reported unchanged ongoing constant lower back pain which was located in the center of his lower back with radiation of the pain from his lower back to both sides of his lower back which continued to his buttocks as well as down both of the legs associated with some numbness at the lateral aspects of both of his thighs plus constant cramping and twitching in the right calf only. According to the provider, the injured worker was taking three tablets of Norco 7.5/325mg for pain control per day. He was working on weight loss but had gained four more pounds since the prior appointment. He still wished to proceed with the exploration of the lumbar fusion with removal of the retained hardware. The injured worker reported that he was working with his own cleaning business being mainly supervisory. Diagnoses included severe degenerative disc disease associated as well as disc herniation and stenosis of the lumbar spine at L4-L5 and L5-S1 associated with bilateral lower extremity radiculitis status post a decompression plus a combined anterior as well as a posterior fusion at L4-L5 and L5-S1 with pain over the retained pedicle screw hardware. Other additional diagnoses included mild to less than moderate exogenous obesity associated with hypertension, degenerative lumbar/lumbosacral IV disc, displaced lumbar intervertebral disc, spinal stenosis lumbar region, unspecified thoracic/lumbar neuritis radiculitis, arthrodesis status, other complication due to other internal orthopedic device, obesity unspecified and benign essential

hypertension. Physical findings revealed minimal tenderness at the left anterior inferior iliac spine where the bone was harvested for the anterior fusion procedure, but there was mild plus tenderness in the abdominal surgical scar. Range of motion of the lumbar spine showed flexion 65 degrees, extension of 10 degrees, rotation of 45 degrees and lateral bending of 20 degrees. There was moderate plus tenderness over the surgical scar, in the paraspinal muscles especially near the sacroiliac joints which overlies the pedicle screw heads especially adjacent to the sacroiliac joint which would represent where the S1 screw heads are located. There was moderate plus tenderness at the right posterior iliac crest where the bone graft was harvested for the posterior fusion procedure with nearly identical tenderness in the same spot on the left side which meant that this is unlikely related to the bone graft harvesting site. There was minimal tenderness over the sciatic nerves on both sides. Deep tendon reflexes were unobtainable at the ankles and at the knees. Motor strength testing demonstrated near grade 5 strength. The straight leg raising maneuver in the sitting position is done to 50 degrees with bilateral moderate hamstring tightness and some right foot numbness by description plus some left leg pain which appeared to be radicular in nature as well as increased left leg pain with dorsiflexion of the left foot. Plan of care included exploration of the lumbar fusion with removal of the retained hardware from the lumbar spine. According to the provider, the surgery is appropriate despite the denial because of the pain over the retained pedicle screw hardware as well as the fact that the manufacturer of the pedicle screw hardware and the FDA consider the pedicle screw hardware to be temporary devices which mean that they should be able to be removed if requested by the patient especially if there is a bonafide reason such as pain over the hardware. Radiographic imaging reports were not submitted for this review. A progress report dated March 4, 2014 states that the request for fusion revision, postoperative cold therapy unit, and postoperative physical therapy will be sent for independent medical review. On 02/25/2014, Utilization Review non-certified post-operative physical therapy 2 times a week for 6 weeks for the lumbar spine that was requested on 02/11/2014. According to the Utilization Review physician the requested surgery was recommended for non-certification. Therefore, the request for post-operative physical therapy is not medically necessary or appropriate. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy twice a week for six weeks for lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 26.

Decision rationale: Regarding the request for postoperative physical therapy, Postsurgical Treatment Guidelines state that up to 34 therapy visits are recommended following surgical fusion for lumbar intervertebral disc disorders without myelopathy. Guidelines state that an initial course of therapy should be half the number of visits specified. Additional visits may be considered based upon documentation of objective functional improvement and ongoing

treatment goals. Within the documentation available for review, it appears that the requested surgery was denied under Utilization Review and has now been sent for Independent Medical Review. This current review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The surgery requested appears to be an exploration of previous lumbar fusion with possible revision and hardware removal. Although guidelines do not contain therapy recommendations for fusion revision or hardware removal, surgical fusion would be the most closely related analogous procedure. As such, the currently requested 12 sessions fall within the guideline recommendations for an initial course of therapy following surgical fusion. Therefore, the currently requested post-operative physical therapy twice a week for six weeks for the lumbar spine is medically necessary.