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| Case Number: | CM14-0040640 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/10/2006 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 11/10/2006. The mechanism of injury was not provided in the medical records. His current diagnoses include sciatica, displacement of the lumbar intervertebral disc without myelopathy, postsurgical arthrodesis, and lumbago. His previous treatments include an unknown number of sessions of physical therapy and aquatic therapy. It was noted in the clinical documentation that the injured worker was status post an L4-5 and L5-S1 anterior lumbar inter- body fusion on 10/01/2013 and on 10/16/2013 six weeks of physical therapy was to be started postoperatively. Per the physical therapy note dated 11/15/2013, the injured worker reported he continued to have increased low back pain. The physical therapist reported the injured worker responded to aquatic therapy treatment and environment well and was able to progress through therapeutic exercise without major complaints of pain. Per the clinical note dated 02/04/2014, the injured worker reported his low back was more solid and stable and he was having less back pain but he has continued to have severe leg pain and dysesthesias. He reported he could not walk more than one-half block without leg numbness. On physical examination of the lumbar spine, the physician reported that the range of motion was restricted with flexion limited to 20 degrees and extension 10 degrees due to pain. On palpation of the paravertebral muscles, the physician reported there were spasms, tenderness, and tight muscle band were noted bilaterally. He reported on palpation there was spinous process tenderness noted on the L5 and the lumbar facet loading was negative bilaterally. The physician reported the straight leg raising test was positive bilaterally in the sitting position at 95 degrees and the Faber test was negative. The current request is for physical therapy 8 sessions and water therapy 8 sessions. The rationale for the request was not provided. The request for authorization was provided on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The request for physical therapy 8 sessions is not medically necessary. The California MTUS Postsurgical Guidelines state that postsurgery physical medicine is medically necessary and a initial course of therapy may be prescribed. With documentation of functional improvement, subsequent course of therapy shall be provided within the parameters of the goal of the general course of the 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. The guideline recommendation for postsurgical treatment for a fusion is 34 visits over 16 weeks with duration at 6 months. The clinical documentation provided indicated the injured worker had participated in an unknown number of previous sessions of physical therapy. However, there was no documentation provided to indicate the injured worker had functional improvement with the general course of therapy. The clinical documentation provided indicated the injured worker continued to have complaints of low back pain and leg pain. However, the current request would not be supported due to lack of documentation to indicate if objective functional gains made with the previous therapy and the request for additional physical therapy has also elapsed the post-operative time frame. The request also failed to provide the area of the body that would require the physical therapy. As such, the request for physical therapy 8 sessions is not medically necessary.

Water Therapy: eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for water therapy 8 sessions is not medically necessary. The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effect of gravity, so it is specifically recommended where reduction weight-bearing is desirable for example extremely obese patients. The guidelines state for recommendations on the number of supervised visits to see the physical medicine guidelines. The physical medicine guidelines allow for fading of treatment frequency plus active self-directed home physical

medicine. The treatment guidelines for myalgia and myositis is 9 to 10 visits over 8 weeks. The clinical documentation provided indicated the injured worker still had complaints of low back pain and leg pain. However, it was not specified that the injured worker would need aquatic therapy for non-weight bearing exercises. As such, the request for water therapy 8 sessions is not medically necessary.