

Case Number:	CM14-0056827		
Date Assigned:	07/09/2014	Date of Injury:	04/14/1999
Decision Date:	09/19/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The patient is a year old male who sustained an industrial injury on 4/14/1999. He has history of L4-5 fusion in 1999. He is status post lumbar laminectomy and decompression at L3-4 and L5-S1 on 9/10/2013, with improvement. He has attended post-surgical physical therapy. 12 PT sessions were approved on 11/12/2013. A prior peer review dated 4/11/2014 modified the request for physical therapy 2 times a week for 6 weeks for the lumbar spine, to certify 6 visits, to allow for completion of PT and transition to independent home rehabilitation program. On 2/5/2014, the patient presents after having undergone EMG nerve studies, which are normal with no signs of ongoing nerve damage. He reports ongoing weakness in the right lower extremity, primarily the quadriceps. He has been attended PT with back and knee/quad strengthening exercises. On examination, he is diffusely tender at the base of the lower back and superior iliac crest, has 4/5 right and 5/5 left quad strength, and normal tibialis anterior. He is encouraged to utilized a home exercise program and continue with PT. According to the 3/6/2014 PT progress report, the patient reports feeling 80% improved since starting PT. Pain in the lower back ranges 4/10 to 9/10, and he continues to have weakness in the right lower extremity and less frequent right LE radiculopathy. Objectively, active lumbar flexion/extension is limited, SLR is 73 degrees bilaterally, motor strength 4+/5 hip flexion bilateral, 4+/5 bilateral hip flexion, 4/5 bilateral hip abduction, 3+/5 bilateral hip extension, 3+/5 right hamstring and right quadriceps, 4-/5 left quadriceps and left hamstrings, and 4+/5 bilateral ankle strength. There is minimal muscle tension, tenderness, and ambulates with and without straight cane. Assessment is improving. He is making slow steady progress. Continuing PT is recommended. On 3/18/2014, the patient reports he is feeling improvement compared to prior to surgery. He still has 6/10 pain in back. His legs are feeling better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The patient is status post lumbar decompression and laminectomy in 9/2013. He has been attended PT for several months. At this juncture, he is outside the post-surgical treatment period. Comparison of the findings in the 1/10/2014 PT progress report to the 3/6/2014 PT progress report does not appear to demonstrate notable improvement in reported pain level or objective findings. The patient has been encouraged to perform an HEP. It is not established that a prolonged course of additional PT is clinically indicated. In addition, the number of additional sessions requested exceeds the guidelines post-surgical recommendations. Based on the reported findings and in accordance with the guidelines, it is reasonable that an additional 6 PT sessions be provided for transition of an independent home exercise program. The request is non-certified.