

Case Number:	CM14-0058040		
Date Assigned:	07/09/2014	Date of Injury:	01/18/2013
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 25 year old female with date of injury 1/18/13. The treating physician report dated 3/21/14 indicates that the patient is status 6 months post microscopic unilateral laminectomy/discectomy left L4/5 and L5/S1. The patient continues with significant problems with her lower back and left leg. Norco is prescribed for pain and Neurontin is being discontinued due to lack of response. Examination findings reveal that the patient is unable to straighten up to a neutral position and walks with forward flexion, SLR is positive on the left. A post-surgical MRI was performed on 12/5/13 that revealed L4/5 desiccation, annular bulge and post-operative fibrosis/scarring. At L5/S1 there is desiccation, bulging, post-operative fibrosis and no stenosis is noted. The current diagnoses are: Displacement of lumbar intervertebral disc without myelopathy; Post-laminectomy syndrome; and Degeneration of intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4: 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.

Decision rationale: The patient presents 6 months status post (s/p) L4/5 and L5/S1 laminectomy/discectomy with continued significant pain affecting the lumbar spine and left thigh. The current request is for additional physical therapy 2x4. In reviewing the 358 pages of medical records provided there are two physical therapy reports dated 10/10/13 and 11/15/13 post surgically. It appears that the patient has completed 16 post operative physical therapy (PT) sessions and the patient is currently outside of the post surgical MTUS guidelines that allow for 16 PT sessions over 8 weeks with maximum duration of 6 months. The MTUS guidelines are the appropriate guidelines to refer to in this case. The MTUS allows for 8-10 sessions of PT for myalgia and neuritis type pain. In this case the patient has completed physical therapy training and there is no documentation from the treating physician to indicate that a new injury or condition has caused a need for further training that has not already been covered in the post operative PT phase of care. Such as additional physical therapy 2x4 is not medically necessary.

Intrathecal contrast CT scan lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the Non-MTUS: Official Disability Guidelines (ODG), Lumbar Chapter, Myelography.

Decision rationale: The patient presents 6 months s/p L4/5 and L5/S1 laminectomy/discectomy with continued significant pain affecting the lumbar spine and left thigh. The current request is for Intrathecal contrast CT scan lumbar spine. The post surgical MRI report does not show any disc fragment compressing the S1 nerve root at LL/S1. The treating physician stated that she is not progressing well at all and remains forward flexion with a very positive left straight leg raise. The treating physician also stated that upon review of the MRI scan, which was read as showing postoperative changes, and is not sure that there is not a disc fragment still compressing the S1 nerve root at L5/S1. The treating physician requested to authorize this CT/myelogram scan as soon as possible as the patient continues to struggle postoperatively. The treating physician in this case has documented that the patient has worsened since her surgery and is showing progressive worsening. The MTUS Guidelines do not address CT Myelography. The ODG Guidelines state that Myelography can be recommended when there is poor correlation of physical findings with MRI studies and to show if surgical treatment is promising in a given case. Therefore, Intrathecal Contrast CT Scan lumbar spine is medically necessary.