

Case Number:	CM14-0075438		
Date Assigned:	07/18/2014	Date of Injury:	07/08/1999
Decision Date:	09/23/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 68 year old female with a work injury dated 7/8/99. The diagnoses include post-laminectomy syndrome, L3-S1; lumbar spinal stenosis; lumbosacral neuritis; lumbar disc degeneration. Treatment has included: 1/28/13 posterolateral interbody fusion, interbody cage placement L3-4, L4-5, and LS-S1, posterior spinal instrumentation L3-S1, and laminectomy; multiple surgeries; TENS; facet joint injections; massage therapy; SCS trial and implant; ice/heat; diagnostics; medications; physical therapy. Under consideration is a request for Cymbalta 30mg Qty 7 and Cymbalta 60mg Qty 30. There is a primary treating physician (PR-2) document dated 4/2/14 that states that the patient is awaiting PT. She had an incident one month ago where she had burning pain at the generator site. Has new numbness in the bottom of her right foot when she walks on the treadmill. Taking Neurontin 300mg 2 tid = 1800mg/day. She has increased nerve pain in the right leg. She is frustrated and feeling more depressed as she can't do what she was taught to do in FRP. Patient states about one month ago she was in the grocery store and all of a sudden her SCS started to sting her and it also felt very hot. Patient states this lasted for about 2-3 minutes. Patient has tired physical therapy and reports a 80 to 100% benefit from PT. She states the last time was this past September of 2013. She states as long as she goes twice a week it really relieves her pain. She presents for follow up reporting decreased pain in the lumbar spine described as aching, spasm, tightness. She reports of unchanged 5 out of 10 pain in the right leg described as aching, burning, tingling. She reports of decreased pain in the left leg described as aching, throbbing. She reports of unchanged pain in the left buttock described as aching. She is not currently working. She reports no difficulty with sleep. Patient was last seen on 01/03/2014. On exam Mild hyperesthesia right frontal scalp; had shingles in October 2013. There is no abnormal curvature of the spine. There is tenderness to palpation over the right

lumbar facets, left lumbar facets, right thoracolumbar spasm, left thoracolumbar spasm, right sacroiliac joint, left sacroiliac joint. left buttock. Skin shows surgical scars. Straight leg raise is negative in the seated position. Gait is antalgic. Muscle tone without atrophy or abnormal movements. Appears more comfortable today and does not require change of position. Had posterior L3-S1 fusion January 2013. Surgical scar is healing well. There is a well healed post surgical scar left buttock status post spinal stimulator generator implant. There is abnormal sensation - patient has decreased sensation over the right S1y dermatome. Negative SLR bilaterally. Much improved after spinal fusion. Motor strength has improved significantly with 4/4 in the right knee extension. The treatment plan included Start Cymbalta 30mg 1 q am x 7 days and then increase Cymbalta to 60mg 1 qam for nerve pain in the right leg and depression that is directly related to her chronic pain. She will Increase her Neurontin by 600mg for severe pain flares in the right leg. The 4/2/14 review of systems states that there is no unusual anxiety or evidence of depression. No mood swings or agitation. Patient is crying and tired of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times per week for 8 weeks: 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.

Decision rationale: 24 sessions of PT is not medically necessary per the MTUS guidelines. The MTUS Post surgical guidelines recommend up to 34 visits of PT for this condition postoperatively. The Chronic Pain Medical Treatment guidelines recommend up to 10 visits for this condition. The request exceeds the guideline recommendations for physical therapy out of the postoperative period. The patient has already completed 32 post op sessions per documentation. The documentation is not clear whether her surgery was completed in Jan. 2013 or Jan 2014. The request for 25 sessions of PT are not medically necessary.