

Case Number:	CM14-0192310		
Date Assigned:	11/26/2014	Date of Injury:	04/10/2012
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 59 year-old female who injured her back and right hip on 4/10/12. She was diagnosed with herniated nucleus pulposus and lumbar facet syndrome. She had a left L4-5 laminotomy and discectomy on 8/1/12 but had persistent low back pain with right radiculopathy to above her knee. In 6/2014, she had facet blocks of L4-5 and L5-S1. She had a right L4-5 and L5-S1 neurotomy and resection of the medial branch nerve at L3, L4, and L5 on 8/12/14. The patient reports low back pain 6/10. On exam, she had decreased range of motion of lower back, tender lumbar spinous processes, normal reflexes, no gross motor weakness, and decreased sensation in right lateral thigh. A 10/2013 MRI lumbar spine showed postop changes, left laminotomy with bulge, midl central foraminal stenosis. She had negative electrodiagnostic studies. Her treatment included physical therapy twice a week for 8-10 weeks, Norco, chiropractic sessions and epidural steroid injections combined with medial branch blocks. The patient had improved but still with some back pain. She was out of work from 9/2013-5/2014 and was able to return to her full duties. Her back pain increased and she had radiation to above her knee and numbness in anterolateral thigh. The patient possible had 10 visits of physical therapy in 9/6/12 with [REDACTED], although with the wording doesn't make it clear if these were physical therapy visits or follow-up visits. She had additional physical therapy in 11/2012. There were no physical therapy notes or indications as to how to responded to the therapy. She was also documented to have depression due to chronic pain. The current request is for additional physical therapy for the lumbar spine and psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine two times a week for six 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 Page(s): 26.

Decision rationale: The request is considered not medically necessary. After her laminotomy and discectomy, the patient had received a potential 10 visits of physical therapy and then an additional unspecified amount of therapy visits. There were no physical therapy notes included in the chart and no documentation as to effect of the therapy. There were no notes indicating improvement in pain or functional capacity. The current request is for 12 additional therapy sessions. The MTUS call for 16 visits over 8 weeks with a postsurgical period of 6 months. The patient would surpass all these guidelines with an additional 12 sessions. There are no guidelines for therapy after a neurotomy. Therefore, the request is considered not medically necessary at this time.

Psychological evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request is considered medically necessary. The patient has had chronic pain since 2012. There was improvement and return to work, however, she has had recently had worsening of pain and documented depression due to her chronic pain. The patient did take Ambien to help her sleep. Other criteria such as anhedonia and effect on relationships in regards to her depression were not elaborated on. However, as per MTUS, psychological evaluations are recommended to use with patients with pain problems. Psychological interventions may be necessary and may help lower the risk for work disability. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.