

Case Number:	CM14-0197160		
Date Assigned:	12/05/2014	Date of Injury:	09/14/2011
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 injured worker is a 29 year old male who sustained a work related injury September 14, 2011. According to a primary care physician progress report dated April 8, 2014, an MRI of the lumbar spine dated April 4, 2013 (report not present in the case file), revealed congenital central canal stenosis at L3-L4 and L4-L5 as well as degenerative disc disease at those levels with facet arthropathy-diffuse epidural fat manifestation of epidural lipomatosis. Diagnoses at that visit are documented as; lumbar disc disease s/p lumbar decompression (8/7/2013), and lumbar radicular symptoms. Treatment plan included continued ibuprofen and Hydrocodone and work status permanent and stationary. A request for authorization dated May 8, 2014, requests 6 more visits of low back physical therapy (post-op) done in house and medications. The primary care physician's progress report dated July 8, 2014, documents the injured worker coping with residual low back pain and taking Hydrocodone for flare-ups (1/2-1/day). Physical examination reveals lumbosacral range of motion 75% of expected and no motor deficit. X-ray of the lumbar spine revealed narrowing of L5-S1 disc space posteriorly (report not present in case file). Treatment plan included renewed Hydrocodone, 6 visits of physical therapy for chronic low back pain post-op rehabilitation, and urine drug screen performed (no screening results present in file). On October 13, 2014, the treating physician's progress reports the injured worker presented for a 2 month visit. He documents the injured worker is currently working 50-60 hours/week as a machine operator with restrictions (not revealed), completed 6 visits of physical therapy and 50% better with low back pain worse in the morning with stiffness and decreased range of motion due to weather changes. The current pain level is documented as 3/10. Treatment plan included; renewed Hydrocodone and request again physical therapy x 6 as it was last denied. Work status permanent and stationary per qualified medical examiner. It is noted in the case file, with reports, that the injured worker had undergone psychological treatment from April 3- July 7,

2014, for a single episode of moderate depression and chronic pain. According to utilization review performed October 24, 2014 and citing the MTUS post-surgical and chronic pain guidelines recommendations are for 16 physical therapy visits over 8 weeks. The injured worker has completed 20 physical therapy sessions post operatively. There are no extenuating circumstances noted that the injured worker cannot participate in a home exercise program. Therefore the medical necessity has not been established and the request for additional physical therapy 6 sessions is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy low back x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with residual low back pain status post lumbar decompression 8/07/13. The current request is for physical therapy low back x 6 visits. The treating physician states that the patient is 50 percent better following surgery. The patient complains of low back pain worse in the morning along with stiffness. He has decreased range of motion due to weather changes. The patient has completed 6/6 physical therapy visits that were requested 7/08/14. The MTUS guidelines state that physical medicine is supported with the following guidelines: "Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." In this case since the patient has already recently completed 6 physical therapy visits the treating physician's request for 6 additional visits, for a total of 12 visits, is outside of the recommended guidelines. There is no documentation of a new injury, flare-up, and new diagnosis or why the patient can't perform his home exercise program. The request is not medically necessary.