

Case Number:	CM14-0198826		
Date Assigned:	12/09/2014	Date of Injury:	10/17/2011
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal 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 injured worker (IW) is a 59-year-old man with a date of injury of October 17, 2011. The mechanism of injury was not documented in the medical record. The current diagnosis is post laminectomy back pain, L4-L5 and L5-S1. The IW underwent lumbar laminectomies at L4-L5 and L5-S1 on May 9, 2015. Pursuant to the Primary Treating Physician's Progress Report dated October 13, 2014, the IW has received facet injections and 12 visits of physical therapy (PT). The therapy was very helpful. The provider states that the IW has not had good success with his home exercise program (HEP). He denies any new injury or problems. He has decreased his medications. On physical examination, the IW is ambulating better with no analgia. There is mild tenderness to palpation in the lumbosacral junction and decreased range of motion, but this is improved since his last visit in July of 2014. He has no motor or sensory deficits. The current request is for 12 additional PT sessions, 2 times a week for 6 weeks. The treating physician states that the additional PT is to jump-start his HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy to low back 2 times a week over 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain/Low Back Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional outpatient physical therapy to low back two times per week for six weeks (12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines authorize 16 visits over eight weeks for lumbar laminectomy. See the Official Disability Guidelines for specific frequency and duration of physical therapy according to specific disease state. In this case, the injured worker underwent surgery on May 9, 2014. He underwent a laminectomy at L4 - L5 and L5 - S1. Her diagnosis is post laminectomy back pain. Physical therapy was started on August 13, 2014 and completed. The injured worker stated the physical therapy was helpful. The treating physician requested an additional 12 physical therapy sessions to "jumpstart" a home exercise program. The injured worker should be well-versed on home exercises based on first 12 physical therapy sessions. There is no documentation indicating objective functional improvement associated with the 12 physical therapy sessions. The guidelines recommend 16 visits over eight weeks for postsurgical treatment laminectomy patients. The injured worker receives 12 physical therapy sessions. An additional 12 exceeds the recommended guidelines. Additionally, an additional 12 physical therapy visits are not required to jumpstart a home exercise program. As noted above, you did worker should be well-versed on the exercises provided during 12 physical therapist sessions. Consequently, an additional outpatient physical therapy to low back two times per week for six weeks (12 visits) is not medically necessary.