

Case Number:	CM14-0200185		
Date Assigned:	12/11/2014	Date of Injury:	10/17/2011
Decision Date:	01/29/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in Interventional spine 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 59 year old male with an injury date of 10/17/11. The patient is status post laminectomy and foraminotomy at L4-L5 in 2012 and lumbar laminectomies at L4-5 and L5-S1 on unknown date, as per the Utilization review denial letter. As per progress report dated 10/13/14, the patient complains of low back pain. Physical examination reveals mild tenderness to palpation in the lumbosacral region along with decreased range of motion. The straight leg raise is negative but shows hamstring tightness. The patient has a pain of 2-3/10 and mild difficulty with lifting and squatting as per the latest physical therapy report dated 08/22/14. As per progress report dated 04/23/14 (prior to facet injections and physical therapy), the patient had a positive straight leg raise and mild antalgia while walking. The patient has received bilateral facet injections at L4-5 and L5-S1, as per operative report dated 05/09/14, and left L5-S1 transforaminal epidural steroid injections with L5 nerve root, as per operative report dated 05/08/14. MRI of the Lumbar Spine (no date mentioned), as per progress report dated 10/13/14:- 2-3 mm diffuse bulging of anulus at L5-S1 extending to neural foramina. There have been bilateral hemilaminectomies without canal or lateral recess stenosis- 2 mm disc bulge at L4-5 with a wide decompressive laminectomy- 3-4 mm diffuse bulge of the anulus in combination with mild facet hypertrophy. X-ray of the Lumbar spine (date not mentioned), as per progress report dated 04/23/14: - Open lumbar laminectomies at L4-L5 and L5-S1- Intervertebral degenerative changes- Slight anterolisthesis at L4-5. Diagnosis, 10/13/14: Postlaminectomy back pain, L4-5 and L5-S1. The treater is requesting for OUTPATIENT PHYSICAL THERAPY TO THE LOW BACK THREE TIMES A WEEK FOR SIX WEEKS. The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 04/23/14 - 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the low back three times a week for six weeks: Upheld

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

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

Decision rationale: The patient presents with low back pain along with mild tenderness to palpation and decreased range of motion in the lumbosacral region, as per progress report dated 10/13/14. The request is for outpatient physical therapy to the low back three times a week for six weeks. The patient is status post laminectomy and foraminotomy at L4-L5 in 2012 and lumbar laminectomies at L4-5 and L5-S1 on unknown dated, as per the Utilization review denial letter. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the intake letter and UR letter state that the treater is requesting for three sessions of physical therapy a week for six weeks. However, in progress report dated 10/13/14, the treater requests for 2 sessions of therapy per week for a period of six weeks. In the same progress report, the treater also states that the patient has completed 12 sessions of physical therapy "but he has not had as good success with the home program." The report states further that the patient is improving and additional 12 sessions will help "jump start the home exercise program." In progress report dated 12/15/14 (after the UR date), the treater states that the patient's pain has increased due to denial of physical therapy. The report states that "he really felt like the therapy was the most helpful to him." However, MTUS guidelines recommend only 8-10 sessions of physical therapy in patients who are not within the post-operative time frame. Additional 12 sessions will exceed that limit. Hence, this request is not medically necessary.