

Case Number:	CM14-0207083		
Date Assigned:	12/19/2014	Date of Injury:	11/19/2012
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 60 year old female with the injury date of 11/19/12. Per physician's report 11/05/14, the patient has low back pain, radiating down her legs bilaterally. The patient's lumbar flexion is 40 degrees and extension is 10 degrees. The patient stopped physical therapy in the past and because it provoked her pain. The patient is taking Norco. Per 09/25/14 progress report, the patient has low back pain. X-ray from 05/01/14 demonstrates metallic hardware dorsally at the L3 and L4-5 levels on second lateral lumbar spine image. Degenerative changes are noted. The lists of diagnoses are: 1. Neurogenic claudication 2. Lumbar spine stenosis, L2-3, L3-4 and L4-5. 3. Herniated nucleus pulposus, L3-4. L4 and L5 radiculitis Per 08/22/14 progress report, the patient underwent laminectomy and discectomy at L2-3, L3-4 and L4-5 on 05/01/14. There is spasm and palpative tenderness over the right lower back area. The treator discusses home exercise program with walking program. The utilization review determination being challenged is dated on 11/24/14. Treatment reports were provided from 05/16/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week times 6 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Page(s): 25 and 26.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The patient is status post (s/p) lumbar laminectomy and discectomy on 05/01/14. The request is for 12 sessions of physical therapy for the lumbar spine. The current request of physical therapy appears within post-surgical time frame as surgery was less than 6 months from the request date. For post-operative therapy treatments, MTUS guidelines page 25 and 26 allow 16 sessions for postsurgical treatment (discectomy/laminectomy) over 8 weeks. The physical therapy progress reports indicate that the patient had some therapy in 2013 and 12 sessions of physical therapy between 06/24/14 and 08/04/14. The therapy reports indicate that the patient still has same or worse pain and no functional improvement from 12 sessions of recent therapy. For example, the patient rated his pain at 5/10 on 06/24/14 with difficulty walking longer than 10 minutes. On 08/04/14, the patient rated his pain at 6/10 with difficulty walking longer than 10 minutes. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined with at least 12 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.