

Case Number:	CM14-0209810		
Date Assigned:	12/22/2014	Date of Injury:	03/24/2013
Decision Date:	03/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female with an injury date of 03/24/13. Based on the 11/07/14 progress report, the patient complains of neck pain, low back pain, and right foot pain. The neck pain accompanies by tingling and numbness in the right upper extremity to the level of the fingers. The low back pain is constant and radiates down the right lower extremity. The lower back pain aggravates by activity and walking. The patient also complains of occasional muscle spasms in the low back. The pain level is at 2/10 with medications and at 6/10 without medications. The patient is status post Caudal Epidural Steroid Infusion right L4-S1 and Lumbar Surgery dated 03/21/14; and L4-S1 decompression procedure took place on 10/10/14. The patient reports 60% overall improvement and decreased in pain medications, and improved mobility after the procedure. Examination of the lumbar spine reveals tenderness upon palpation in the spinal vertebral area L4-S1 levels. Sensory exam shows decreased sensitivity to along the L4-5 dermatome in the right lower extremity. Straight leg raise in the seated position is positive on the right for radicular pain at 60 degrees. The list of diagnoses is: 1. Lumbar Facet Arthropathy 2. Lumbar Post Laminectomy Syndrome 3. Lumbar Radiculopathy 4. Constipation, chronic 5. Gastroesophageal reflux disorder 6. Medication related dyspepsia 7. Chronic pain, other. Post-surgery L4-S1 Lumbar Decompression 3/21/14 The treatment plan is to continue on-going home exercise program and decrease Hydrocodone-acetaminophen to 1. The treating physician is requesting additional physical therapy 2x6 for the lumbar spine on 10/10/14. The utilization review determination being challenged is dated 11/10/14. The requesting physician provided treatment reports from 11/04/13-11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the lumbar spine: Overturned

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

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

Decision rationale: This patient presents with neck pain, lower back pain, and right foot pain. The request is for Physical Therapy 2x6 for the lumbar spine. Per 09/09/14 physical therapy progress report, the patient has completed 20 visits of physical therapy from 05/01/14-08/07/14. The patient is, however, s/p lumbar microdiscectomy from 10/10/14, and there is no evidence of post-operative therapy. From prior therapy the patient experienced "improved functional mobility and ability to walk and function with less difficulty and more endurance" as well as decreased pain medications. MTUS guideline pages 25 and 26, post-surgical guideline for low back, states "Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 6 months. In this case, the treater requests 12 additional physical therapy to address the muscle weakness in core and right leg extension, decreased balance and hypo-mobile neural mobility per 09/09/14 report. This request appears to be for post-operative care since the patient underwent lumbar microscopic decompression surgery on 10/10/14. MTUS allows up to 16 sessions for post-op following this type of surgery. The request IS medically necessary.