

Case Number:	CM15-0106505		
Date Assigned:	06/10/2015	Date of Injury:	06/13/2013
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old male, who sustained an industrial injury on 6/13/13. He reported initial complaints of low back pain. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc; lumbar radiculopathy; osteoarthritis spinal facet joint; lumbar sprain; hip pain; sacroiliac joint pain. Treatment to date has included status post right L4-5 microdiscectomy (3/30/15). Diagnostics included EMG/NCV lower extremities (5/30/14); MRI lumbar spine (2/11/15 and 5/31/14). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker presents for a routine visit. He no longer has radiating leg pain and has decreased low back pain following his surgery on 3/30/15 for a microdiscectomy. He reports he is feeling 80% relieved from his pain from the L4-5 surgical intervention. His recovery was two days long and prescribed Norco and is not taking medications today. His pain score without medications is 4/10 and with medication 3/10. He reports benefit from chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain with a manageable level to allow physical therapy to complete necessary activities of daily living. The provider lists the current prescribed medications as Motrin 800mg TID, Neurotin 300 each night and Norco 10/325mg ½ to 1 daily. Physical therapy notes were submitted and notes dated 4/24/15 for a total of 3 visits indicate the injured worker reports he feels great and is riding his bike x2 with no issues. Postoperative authorization was for 16 visits over 8 weeks but the injured worker has completed a total of 4 physical therapy visits of this authorization. The provider is requesting an extension of physical therapy 6 visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension physical therapy lumbar, 6 visits: Upheld

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

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) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, extension physical therapy lumbar spine 6 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post right L4- L5 microdiscectomy March 30, 2015. Documentation from an April 24, 2014 progress note subjectively states the injured worker has no pain or right lower extremity symptoms. The injured worker reports soreness at times. Prior to surgery, the injured worker had right lower extremity symptoms. Objectively, there was decreased trunk mobility. Motor strength was 5/5 in the bilateral lower extremities with the exception of R DF. In a follow-up progress note dated May 11, 2015, the worker reports riding bike times two with no issues. "I feel great". There are no subjective or objective clinical findings indicating additional physical therapy is warranted. Consequently, absent clinical documentation with symptoms and signs indicating additional physical therapy is warranted, extension physical therapy lumbar spine 6 visits is not medically necessary.