MAXIMUS Federal Services

Case Number:	CM15-0109744		
Date Assigned:	06/16/2015	Date of Injury:	09/08/2014
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 39-year-old male who sustained an industrial injury on 9/8/14. The mechanism of injury is documented as gradually developing numbness in the left foot. Past surgical history was positive for left foot and knee surgery. The 10/1/14 lumbar spine MRI impression documented degenerative change with a 4 mm disc bulge and bilateral facet arthropathy causing mild dural compression with bilateral lateral recess narrowing encroaching the traversing L5 nerves at L4/5, and mild bilateral neuroforaminal stenosis. At L5/S1, there was degenerative change with a 4 mm disc bulge and bilateral facet arthropathy without significant stenosis. The 11/25/14 lower extremity electrodiagnostic revealed evidence of chronic bilateral L4 radiculopathy, generalized sensory and motor peripheral neuropathy of the lower extremities, left peroneal motor axonopathy which can be seen in a motor radiculopathy, and findings suggestive of possible bilateral S1 radiculopathy. The 2/16/15 initial orthopedic surgery report cited low back pain with bilateral foot numbness, and increased pain with activities of daily living. He did some physical therapy but was not able to tolerate it. He had bilateral L4 symptomatology and motor and sensory radiculopathy per the 11/25/14 EMG. Imaging showed 4-5 mm of motion at L5/S1 and 4 mm disc herniation at L5/S1, and findings were consistent with L4 and L5 radiculopathy. The treatment plan recommended conservative treatment to include injections followed by aggressive stabilization therapy to try to avoid surgery. Physical exam documented severe restriction in lumbar range of motion, positive numbness intermittent he L5 distribution, L4 nerve root weakness with giveaway. He had no right lower extremity deficits but some weakness. There was no L4 reflex. He walked with a flexed lumbar spine with antalgic gait and paraspinal spasms. The treatment plan recommended

L4/5 and L5/S1 bilateral epidural steroid injection followed by post-injection physical therapy 2x4. The 3/12/15 utilization review approved bilateral lumbar epidural steroid injection at L4/5 and L5/S1 and modified the request for 8 post-injection physical therapy visits to 2 visits consistent with guidelines. The 3/30/15 treating physician report cited continued low back pain with numbness in both feet, and stiffness. The injured worker had congenital stenosis and L4/5 and L5/S1 facet disease with some arthrosis and disc degeneration at those levels. EMG was positive for L5 radiculopathy. An injection was planned followed by physical therapy to propagate the effectiveness of the shot. Physical examination documented pain with extension and rotation, and no focal deficits. An injection was planned for 4/8/15 followed by physical therapy. The injured worker underwent a caudal epidural and L4/5 and L5/S1 bilateral facet joint injections on 4/8/15. The 4/20/15 treating physician report cited no benefit following the injection. Authorization was requested for outpatient post-operative physical therapy 8 sessions-2 times a week for 4 weeks to the lumbar spine. The 5/8/15 utilization review non-certified the request for post-operative physical therapy 2x4 for the lumbar spine as records indicated that the injured worker had received physical therapy but there was no documentation of treatment history including dates of service and response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-operative physical therapy 8 sessions; 2 times a week for 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Physical therapy (PT).

Decision rationale: The California MTUS guidelines generally recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The current request is for post-injection therapy which is not addressed by the MTUS guidelines. The Official Disability Guidelines specially address post-injection physical therapy and recommend 2 visits. The 3/12/15 utilization review partially certified 2 post-injection physical therapy visits at the time the injection was certified. There is no documentation that this care has been provided and what, if any, functional benefit was achieved and what residual functional deficits remain to be addressed by additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.