

Case Number:	CM15-0164321		
Date Assigned:	09/01/2015	Date of Injury:	05/14/2013
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on May 14, 2013. An orthopedic follow up dated May 13, 2015 reported the worker being 6 months out from a lumbar fusion at L5-S1 with overall improvement in back pain. However, he states that he is still with residual left leg L5 type of pain into the left lateral calf and foot with numbness and tingling. In addition, he reports having had gastric symptoms underwent consultation and received medication that helps. He also states that since surgery he has not been able to ejaculate semen while performing sexual intercourse with his wife. Objective assessment found lumbar spine with mild restriction of range of movement with both full extension and full flexion. He has diminished sensation in the lateral calf and foot consistent with an L5 dermatome. Radiographic study performed this visit showed evidence of a consolidated arthrodesis at L5-S1 with new bone through the interbody segments. He was diagnosed with the following: lumbar intraforaminal disc protrusion and stenosis at L5-S1, status post fusion; residual left leg radiculopathy; post-operative retrograde ejaculation, and gastrointestinal irritation secondary to medications. The plan of care noted obtaining a computerized tomography scan confirming is there is solid arthrodesis assisting with the decision of maximum medial improvement. There is also recommendation for a nerve conduction study on the left lower extremity comparing it to the pre-operative testing. He is to remain temporarily totally disabled. At orthopedic follow up dated April 01, 2015 the plan of care is with recommendation to initiate some physical therapy session in hopes of reducing his symptom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ext 12 physical therapy sessions for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 12 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.