

Case Number:	CM15-0180939		
Date Assigned:	09/22/2015	Date of Injury:	04/24/1990
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained an industrial injury on 4-24-90. A review of the medical records indicates he is undergoing treatment for herniated nucleus pulposus. Medical records (4-28-15 to 7-31-15) indicate ongoing complaints of back pain. The injured worker described the pain as "intermittent and mild". The report (7-31-15) indicates a "back to leg pain ratio as 80% back and 20% leg pain". The physical exam (6-22-15 and 7-31-15) indicates his gait is "balanced and symmetrical". His toe and heel walk were described as "normal". He reports pain, at times, with lifting (6-22-15). The injured worker underwent a microscopic left lumbar discectomy of L5-S1 and left laminotomy at L5-S1 on 4-28-15. He is currently undergoing physical therapy, which was approved for 18 visits postoperatively. He reports that he is "feeling better" with "some lower back pain" (7-31-15). He is not currently working. The treatment recommendations include an additional 12 visits of physical therapy for "soft tissue relief". The progress record indicates that the injured worker "has a lot of adjacent level degeneration in the neck" and "long standing chronic muscle tension and the soft tissue work will help relax the muscles", helping the injured worker to do a home exercise program. Tramadol, Soma, and Norco were also recommended for pain control. The request for authorization (8-5-15) includes physical therapy 2x per week for 6 weeks. The utilization review (8-12-15) indicates denial of the request, stating that "guidelines recommend a general course of 16 postoperative physical therapy sessions following a lumbar discectomy or laminectomy and records reflect 18 visits have been certified". Also the injured worker "only completed 12 of the 18 certified postoperative physical therapy visits". It states "As 6 visits remain and as guidelines only recommend a general course of 16 physical therapy visits for this patient, additional physical therapy visits cannot be certified".

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the lumbar spine including therapeutic exercises for lumbar spine including therapeutic exercises, re-learning neuromuscular movement, gait training therapy, e-stim and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury while working as a police officer with date of injury in April 1990 and is being treated for low back pain with left lower extremity radiating symptoms. When seen, he was having recurrent episodes with major flare-ups every two weeks last for 1.5 weeks. Physical examination findings included pain and flexion and extension. There was decreased left lower extremity sensation with normal strength and negative straight leg raising. An x-ray showed findings of scoliosis with loss of disc height. Authorization for 12 physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.