

Case Number:	CM15-0181148		
Date Assigned:	09/22/2015	Date of Injury:	11/24/1999
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
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: Texas, Florida, California
 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 68 year old female who sustained an industrial injury on November 24, 1999. A recent clinic follow up note dated August 26, 2015 reported the worker being seen for a second post-operative visit being 2 months out from an L1 through L5 posterior fusion fixation and decompression. She is having symptom into her leg described as burning, numbness, and some heaviness in lower extremity and difficulty walking. She is still utilizing a walker out in public, wearing a brace and using bone stimulator. "Because of her increased symptoms in the lower extremity, I am recommending a magnetic resonance imaging scan be performed of the cervical, thoracic and lumbar spine" to make sure there is no intraspinal canal compression causing lower extremity radiculopathy. There is also noted recommendation to undergo computerized tomography scan evaluating screw placement and assessing fusion. In addition, there is recommendation for a course of physical therapy 6 weeks for lower extremity strengthening and stretching conditioning. Primary follow up dated November 12, 2014 reported subjective complaint of low back pain, right leg pain, and sleep is noted improved. She has participated in physical therapy in the past. She is deemed as permanent and stationary, retired. There is note of comorbid neck pain on separate claim. Previous treatment to include: activity modification; medications, epidural injection, surgical intervention. There is note of physical therapy re-up with 12 approved sessions and multiple sessions remaining. There was also note of post-operative bladder dysfunction with subjective complaint of "frequency, hesitancy and feeling of incomplete voiding." Objective findings showed: "Alert, slow. No Dysdiadokinesia. Anxious. Antalgic gait and posture. No brace in place." Her lumbar spine tenderness "improved".

"Weakness" noted on hip flexion; decreased lumbar spine range of motion. The following diagnoses were applied to this visit: lumbar segmental dysfunction; sacroilitis, and both lumbar and paracervical myofascitis. The plan of care is noted with recommendation for: physical therapy 12 sessions ("RFA written de-novo today for weakness post-op.") There is note of: "the post-operative course she underwent is "entirely unacceptable." There is noted of: "multiple sessions of physical therapy completed." On August 27, 2015 a request noted made for physical therapy session 18 treating the low back was modified to offer 6 sessions due to guidelines regarding physical therapy intervertebral disc disorder without myelopathy offer a maximum of 16 sessions over 6 weeks and the worker already completed 6 sessions within 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of physical therapy for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. Key case observations are as follows. The claimant was injured in 1999. He was 2 months out from an L1 through L5 posterior fusion, fixation and decompression and he was still with leg pain. There was a recommendation for a course of physical therapy 6 weeks for lower extremity strengthening and stretching conditioning. There is note of physical therapy with 12 approved sessions and multiple sessions remaining. There is noted also "multiple sessions of physical therapy completed." The objective, functional improvement outcomes out of said therapy is not documented. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately non-certified.