

Case Number:	CM15-0186453		
Date Assigned:	09/28/2015	Date of Injury:	04/23/2012
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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, Illinois

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 62 year old male who sustained an industrial injury April 23, 2012. Past history included ALIF (anterior lumbar interbody fusion) December 2, 2014, heart failure, diabetes and sleep apnea. According to a physical therapist's report dated July 21, 2015, the injured worker has made good progress, total visits 26. The injured worker reported his pain has reduced from 6 out of 10 to 3 out of 10 but continues to manage with medication. His primary complaint is low back pain with tingling in the lateral thigh to the knee. Functional improvements included; ability to tie his shoes performs increased levels of housework and yard work, and approved ability to rise from a chair or the floor. He has become independent with his aquatic program and joined a local pool where he performs aquatic exercises, but does not have access to resistance equipment as he has in physical therapy. According to a secondary treating physician's progress report dated September 3, 2015, the injured worker presented for follow-up with complaints of low back pain rated 5 out of 10, which is worse by walking and improves with ice and medication. Objective findings are documented as lumbar spine- decreased painful range of motion. Diagnoses are lumbar sprain, strain, worse; lumbar radiculopathy, improved; myofascial pain, stable; chronic pain syndrome, stable; post lumbar fusion, worse. At issue, is a request for authorization for additional post-operative physical therapy three times a week for four weeks. A CT lumbar spine without contrast dated August 11, 2015 (report present in the medical record) impression documented as; anterior lumbar discectomy with instrumentation and fusion at L5-S1; solid interbody fusion mass; multilevel degenerative disc disease. According to utilization review dated September 15, 2015, the request for additional Physical Therapy 3 x 4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post operative physical therapy three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The injured worker sustained a work related injury on April 23, 2012. The medical records provided indicate the diagnosis of lumbar sprain, strain, worse; lumbar radiculopathy, improved; myofascial pain, stable; chronic pain syndrome, stable; post lumbar fusion, worse. Treatments have included Lumbar Fusion, Physical therapy (at least 26 visits, as reported by the physical therapist; but 48 as reported by the utilization reviewer), Aqua therapy (at least 12 visits), medications. The medical records provided for review do not indicate a medical necessity for Additional Post operative physical therapy three times a week for four weeks. The medical records indicate the injured worker had 1 Anterior Lumbar Interbody Fusion (ALIF) Surgery in 12/2014, following which he has had between 26-48 physical therapy visits. The MTUS post operative guidelines recommends as follows: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5;722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 week. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (arthroplasty): 26 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (fusion): 34 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Based on this the injured worker is past the 6 months postsurgical treatment period; therefore, the Postsurgical Physical Medicine guidelines cannot be applied here. The applicable guidelines is the chronic pain physical Medicine guidelines that recommends a fading treatment of 8 to 10 visits over 8 weeks, followed by Home exercise program. Therefore, the requested treatment is not medically necessary.