

Case Number:	CM15-0186678		
Date Assigned:	09/28/2015	Date of Injury:	04/20/2010
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 32 year old male who sustained an industrial injury on 4-20-10. A review of the medical records indicates he is undergoing treatment for left lumbar radiculopathy, lumbar degenerative disc disease, herniated nucleus pulposus - thoracic, thoracic degenerative disc disease, status post lumbar spinal fusion, spinal stenosis, disc herniation, and fusion of the spine - thoracic region. He is also status post pneumonia following 3-19-15 surgery. Medical records (4-1-15 to 8-19-15) indicate that the injured worker underwent a T12-L1 interbody fusion followed by posterior spinal fusion on 3-19-15. He complains of lower back pain, especially on the left side. The treating provider states "the cause of the left-sided back pain has been difficult to determine based on the lack of response from previous injections" (8-19-15). The treating provider states that the 2015 x-rays of his low back in comparison "to 2 years ago showed 5 millimeters of retrolisthesis L5-S1". The provider states "this could be causing his pain versus left sacroiliac joint dysfunction" (8-19-15). Diagnostic studies have included x-rays of the thoracic and lumbar spine. Treatment has included at least 10 sessions of physical therapy, following surgery, muscle relaxants, anti-inflammatory medications, narcotic analgesics, and a Ketoprofen patch. The 6-3-15 note indicates consideration of releasing him back to light duty work at the next visit. This is not addressed in the subsequent records. The request for authorization (8-21-15) includes lumbar spine physical therapy 2-3 times per week for 6-8 weeks and chiropractic care 2-3 times per week for 6-8 weeks. The utilization review (9- 3-15) indicates modification of the request for physical therapy to 5 sessions and modification of chiropractic care to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Physical therapy sessions for the lumbar spine: 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: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient underwent spinal fusion at T12-L1 on March 16, 2015. The postsurgical treatment is 34 physical medicine visits over 16 weeks with postsurgical physical medicine treatment period of 6 months. The initial course of therapy would be 17 visits. The requested number of 24 visits surpasses the number of 17 recommended for initial course of therapy. In addition there is no documentation of duration or efficacy of prior physical therapy treatment. The request should not be authorized. The request is not medically necessary.

24 chiropractic care sessions for the lumbar spine: 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): Manual therapy & manipulation, and Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration

of 8 weeks. In this case the patient underwent spinal fusion at T12-L1 on March 16, 2015. The postsurgical treatment is 34 physical medicine visits over 16 weeks with postsurgical physical medicine treatment period of 6 months. The initial course of therapy would be 17 visits. The requested number of 24 visits surpasses the number of 17 recommended for initial course of therapy. In addition there is no documentation of duration or efficacy of prior physical therapy treatment. The request should not be authorized. The request is not medically necessary.