

Case Number:	CM15-0196908		
Date Assigned:	10/12/2015	Date of Injury:	05/27/1990
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on 5-27-90. The injured worker was diagnosed as having lumbar or lumbosacral degeneration, thoracic or lumbar neuritis, and lumbago. Treatment to date has included 24 physical therapy sessions, an epidural steroid injection, and medication including Naproxen and Norco. Physical examination findings on 9-8-15 included decreased and painful lumbar spine motion. A left straight leg raise test was positive and motor weakness was noted along the left L3-4 dermatomes. The treatment plan included L3-4 percutaneous discectomy. On 9-8-15, the injured worker complained of low back pain. The treating physician requested authorization for post-operative physical therapy x9. On 9-23-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of post-op physical therapy: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, nine sessions postoperative physical therapy is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are generation lumbar/lumbosacral; unspecified thoracic/lumbar neuritis; and lumbago. The date of injury is May 27, 1990. Request for authorization is September 18, 2015. According to the utilization review, the treating provider requested percutaneous discectomy on May 8, 2015. The surgical procedure was denied at, as a consequence, the physical therapy was denied at that time. According to a progress note dated September 8, 2015. Subjectively the injured worker complains of severe pain in the low back. Symptoms have worsened. The documentation indicates with a "material change" the denial would be reconsidered. Objectively, range of motion is decreased moderate to severe and lumbar spine. There is positive straight leg raising with a left leg radiculopathy anterior along L3 - L4 dermatome. There is motor weakness along the left L3 - L4 dermatome. Sensory examination is intact. The documentation provides conflicting objective physical findings along the L3 - L4 dermatome versus a normal sensory examination. The treating provider states there has been a material change in the worker's condition. There is no documentation indicating an approval of the surgical procedure (minimally invasive percutaneous discectomy at L3 - L4). As a result, a request for physical therapy is premature. If the surgical procedure is approved, then nine sessions of postoperative physical therapy would be deemed clinically appropriate. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation with an approval for the minimally invasive L3 - L4 percutaneous discectomy, nine session's postoperative physical therapy is not medically necessary.