Case Number:	CM15-0198040		
Date Assigned:	10/13/2015	Date of Injury:	10/04/2010
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 60 year old male, who sustained an industrial injury on 10-4-10. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post L5-S1 TLIF and Axial LIF (7-23-12); status post re-exploration of spinal fusions with lysis of adhesions lumbar and hardware removal from lumbar spine (5-18-15); acupuncture; occupational-physical therapy; medications. Currently, the PR-2 notes dated 8-13-15 from the provider document the injured worker "underwent hardware removal on 5-18-15 for persistent back pain. He has a history of prior L5-S1 TLIF and Axial LIF on 7-23-12. He has history of multiple work-related injuries which he has suffered chronic low back pain with pain radiating into his left buttock and down to the posterolateral aspect of his leg into his toes with numbness. He did very well ambulating with OT-PT during the early postoperative periods. He has suffered from mechanical back pain likely due to hardware. After responding to the diagnostic hardware injection, he ultimately underwent hardware removal. During his first postop visit, he reported interval improvement of his prior sharp and stabbing pain in his buttock area. He was pleased that such sharp pain has been resolved. Since his last visit in May, he reports he was involved in a motor vehicle accident on July 8th when he was struck by a truck from the driver side. He denies loss of consciousness at the time of accident. He states his pre-existing neck and back pain got exacerbated. He reports he developed recurrent back pain located over his lower back area and buttocks. He reports his prior left-sided neck pain has been more pronounced as well. He states the severity of the pain is somewhat improved with pain medications and rest, although continues to be present. He denies a new onset radiating pain

down to his arms and legs. Both neck and back pain is centrally located. He expresses concern about return of neck pain which he developed after his work-related injury. He has difficulty rotating his neck to the left that he needs to rotate his body to look to the left. He is concerned about multiple fall episodes in the past few months. He states he sustained four episodes of fall when he felt weak in his legs giving out on his. He denies dizziness or headache. He denies unstable gait or bladder-bowel dysfunction." Medications for pain are listed as: Oxycodone- Acetaminophen 10-325mg 1 tab every 4-6 hours as needed and Meloxicam 15mg once daily; diazepam 5mg 3 times a day. The provider documents on examination, the injured worker "exhibits moderate paramedian lumbar muscle spasms and tenderness. He also exhibits paravertebral cervical muscle spasms and left mid trapezius muscle tenderness. He has limited range of motion left. He has positive Spurling's sign on the left. His upper and lower extremity muscle strength remains grossly at grade 5 out of 5 bilaterally without focal weakness or muscle atrophy. Sensation remains intact in all extremities." His treatment plan is requesting physical therapy for back and core conditioning; leg and pelvic strengthening, Aerobic training; balance and gait stabilization and strengthening. He has also requested a cervical spine MRI. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-10-15 and non- certification for Physical therapy 2-3xwk x 3 mos (36 sessions) for the lumbar spine. A request for authorization has been received for Physical therapy 2-3xwk x 3 mos (36 sessions) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3xwk x 3 mos (36 sessions) for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and up to 48 visits for post surgical treatment. Available medical records indicate numerous PT visits already completed, but these seem to relate to therapy related to the initial surgical intervention and not the most recent surgery for hardware removal. The treating physician notes post surgical OT/PT with good benefit as the requested sessions are presumably a continuation of already begun post surgical therapy the use of physical therapy for this second surgical intervention would seem to be medically appropriate. As such, the request for 36 sessions of physical therapy is deemed medically necessary.