

Case Number:	CM15-0202208		
Date Assigned:	10/19/2015	Date of Injury:	04/26/2014
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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, 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 42 year old male, who sustained an industrial injury on April 26, 2014. The injured worker was currently diagnosed as having residual back pain. Treatment to date has included surgery, home exercise, physical therapy and medication. On September 22, 2015, the injured worker complained of neck and mid back pain. The pain was rated as a 2-3 on a 1-10 pain scale for his back. On a worse day, he rates his pain as a 5 on the pain scale. He was noted to be status post right L4-L5 microdiscectomy, laminotomy and decompression from May 26, 2015. After the surgery, he was noted to have excellent and exhaustive conservative care. Since then, he has been able to ambulate well and had a significant resolution of his right leg radiculopathy, although he reported that he still has residual back pain. Physical examination of the lumbar spine revealed range of motion with flexion as 50% of normal and extension 40% of normal. Side-to-side bending was 80% of normal, left and right. Motor strength was five out of five proximally and distally, bilaterally. The treatment plan included physical therapy for the lumbar spine to strengthen muscles, stabilize the spine and reduce pain for post-op, pain management, medication management and a six month follow up visit to address any future medical care that he may need from the spine surgical point of view. Notes stated that it is likely that the injured worker may require fusion surgery to be included for his future care if his back pain gets any worse. On October 5, 2015, utilization review modified a request for additional physical therapy to treat the lumbar spine at two sessions a week for six weeks to physical therapy to treat the lumbar spine at four sessions. A request for follow-up appointment with spinal surgeon (scheduled for 03-21-2016) was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up appointment with spinal surgeon (scheduled for 03/21/16): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

Decision rationale: The injured worker sustained a work related injury on April 26, 2014. The injured worker was currently diagnosed as having residual back pain post right L4-L5 microdiscectomy, laminotomy and decompression from May 26, 2015. Treatment to date has included surgery, home exercise, physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Follow-up appointment with spinal surgeon (scheduled for 03/21/16). The medical records indicate the injured worker is about four months post back surgery. The pain has markedly subsided, the injured worker is ambulating, and the wound is well healed. The Official Disability Guidelines states, "Although it is not harmful to return to activity after lumbar disc surgery, it is still unclear what exact components should be included in rehabilitation programs. High intensity programs seem to be more effective but they could also be more expensive. Another question is whether all patients should be treated post-surgery or is a minimal intervention with the message return to an active lifestyle sufficient, with only patients that still have symptoms 4 to 6 weeks post-surgery requiring rehabilitation program." Therefore, follow-up appointment with the spine surgeon is not medically necessary after 4 months of treatment in the absence of neurological deficit, especially when the injured worker is still under the care of a treating physician.

Additional physical therapy to treat the lumbar spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The injured worker sustained a work related injury on April 26, 2014. The injured worker was currently diagnosed as having residual back pain post right L4-L5 microdiscectomy, laminotomy and decompression from May 26, 2015. Treatment to date has included surgery, home exercise, physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Additional physical therapy to treat the lumbar spine 2x6. The MTUS and the Official Disability Guidelines are silent on postsurgical treatment for decompression, but recommend 6 visits over 8 weeks post-surgical treatment for discectomy/laminectomy. Therefore, since the injured worker has had 12 visits, and is making good progress, the requested treatment is not medically necessary because this will make the total number of visits to exceed the number recommended by the guidelines.