

Case Number:	CM15-0202911		
Date Assigned:	10/19/2015	Date of Injury:	05/13/2005
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68-year-old male, with a reported date of injury of 05-13-2005. The diagnoses include lumbar stenosis, lumbar radiculopathy, mechanical low back pain, and facet arthropathy. The medical report dated 05-04-2015 indicates that the injured worker stated that he was doing well until "approximately mid February" of 2015. He had radiating pain into the right hip and lateral aspect of the right thigh after walking for more than half a mile. The objective findings included non-focal and intact motor and sensory functions of the lower extremities; normal deep tendon reflexes of the lower extremities; unremarkable bilateral hip examination; negative straight leg raise; and limited lumbosacral range of motion to 20 degrees in extension. It was noted that the most recent postoperative lumbar x-rays showed satisfactory ILIF (intra-laminar lumbar instrumented fusion) with stable alignment of the lumbosacral region of the spine. The diagnostic studies to date have included an MRI of the lumbar spine on 05-20-2015 which showed status post prior laminectomies at L3-4 and L4-5 with prior dorsal hardware fusion at L3-4, anterolisthesis at both L3-4 and L4-5, mild left and mild-to-moderate right L3 foraminal narrowing and mild bilateral L4 foraminal narrowing, and mild posterior disc bulge at L1-L3 and at L5-S1 do not impinge. Treatments and evaluation to date have included lumbar surgery on 04-25-2014, and Celebrex. The treating physician requested physical therapy three times a week for six weeks for the lumbar spine. On 09-18-2015, Utilization Review (UR) non-certified the request for physical therapy three times a week for six weeks 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 lumbar spine 3 times a week for 6 weeks: Upheld

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

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: Physical Therapy lumbar spine 3 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS Post-surgical Treatment Guidelines. The MTUS Post-surgical Treatment Guidelines reveal that the patient is out of the 6 month postoperative therapy period for this lumbar fusion. The MTUS recommends up to 10 visits for this patient's condition. The documentation is not clear on why the patient necessitates 18 supervised PT sessions or why the patient is not well versed in a home exercise program. There are no extenuating factors which would necessitate exceeding the MTUS recommended number of supervised therapy visits for this condition therefore this request is not medically necessary.