

<b>Case Number:</b>	CM15-0021564		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/20/2005
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 02/20/2005. He has reported an injury to the back after lifting a bucket of metal shavings. Diagnoses include myoligamentous strain of the lumbar spine with disc protrusion at lumbar three to four, right lumbar five radiculopathy, broad based disc osteophyte complex at lumbar four to five and lumbar five to sacral one, and abnormal liver function tests. Treatment to date has included laboratory studies, physical therapy, use of H-Wave machine, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated 12/17/2014 the treating provider reports slight to severe, constant, low back pain. The treating physician requested an extension for neurosurgical consultation for a second opinion and an extension of physical therapy, but did not indicate the reason for the continuation of physical therapy. On 01/05/2015 Utilization Review non-certified the requested treatments of extension for neurosurgical consult and extension for physical therapy for a quantity of 12 sessions, noting the American College of Occupational and Environmental Medicine, Occupational Medicine Guidelines, Second Edition, Chapter 7, page 127 and California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009), pages 98 to 99, Physical Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension for Neurosurgical consultation quantity 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office visits and ODG guidelines- Pain chapter

**Decision rationale:** In this case, the claimant had a surgical consultation in May 2014 with [REDACTED]. The surgeon recommended a laminectomy and posterior spinal fusion. The claimant wished to think about surgery. A 2nd opinion for a surgeon was recommended in June 2014. The treating physician requested an extension for the 2nd opinion in December 2014 since the claimant had not gone for the opinion prior to authorization expiration. According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant pursued conservative therapy for 6 months beyond the initial recommendation for surgery. The physician and claimant are interested in a second opinion which is reasonable for surgery especially 6 months after prior recommendations. This is reasonable and medically necessary.

**Extension for Physical Therapy quantity 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had completed an unknown amount of physical therapy visits. There was a plan for a second surgical opinion. Since the claimant was now refractory to conservative, there was no indication for additional therapy. In addition, there was no indication why the claimant cannot perform additional therapy at home. The request above is not medically necessary.

