

Case Number:	CM15-0221128		
Date Assigned:	11/16/2015	Date of Injury:	02/17/2006
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 02-17-2006. Medical records indicated the worker was treated with a L3-4 revision decompression 09-04-2013 and lumbar revision intralaminar laminotomy at L3-4 in 10-23-2014. He was reported to have completed 24 postoperative physical therapy sessions and 32 postoperative aquatic therapy sessions. In the provider notes of 09-02-2015, the worker complains of constant low back pain rated an 8-9 on a scale of 0-10 with radiation to the left lower extremity. He also complains of constant right wrist and hand pain rated a 3 on a scale of 0-10. His wrist and hand and low back pain is stated to feel the same since his last visit. He also complains of anxiety, depression, stress and insomnia. On exam, the lumbar spine has tenderness over L3-S1 and bilateral sacroiliac joints. Range of motion shows forward flexion of 10- degrees, extension of 5 degrees, right and left lateral bend of 5 degrees. Straight leg raise is positive on the right. Braggard's and Kemp's tests are positive bilaterally. Lower extremity sensory examination is intact. Deep tendon reflexes and bilateral patella are 2+. There is 4 out of 5 strength in the left quadriceps and 5 out of 5 strength in all the remaining muscle groups. He is attending physical therapy twice a week, which he states is helping. The plan is for continuation of physical therapy and referral to pain management. A request for authorization was submitted for: 1. Post-operative Physical therapy for the lumbar spine 2 times a week for 4 weeks; 2. Follow-up visit with pain management physician for the lumbar spine. A utilization review decision 10-16-2015 non- certified: Post-operative Physical therapy for the lumbar spine 2 times a week for 4 weeks and certified: Follow-up visit with pain management physician for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

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: Based on the 9/22/15 progress report provided by the treating physician, this patient presents with constant, severe, and sharp low back pain radiating to the left lower extremity posteriorly with associated burning sensation, rated 8/10, frequent, moderate right wrist/hand pain radiating to the right upper extremity with associated numbness/tingling, rated 4/10, anxiety, depression, stress, and insomnia. The treater has asked for post-operative physical therapy for the lumbar spine 2 times a week for 4 weeks on 9/22/15. The patient's diagnoses per request for authorization dated 9/22/15 are s/p posterior lumbar revision interlaminar laminotomy at L3-4 on 10/23/2014 with residuals; lumbar spine myofascial pain syndrome; L3-4, 8-mm left lateral disc protrusion with severe neural foraminal stenosis; left lower extremity radiculopathy at L3-4; severe motor changes at L3-4; s/p left-sided L3-4 revision decompression, 9/4/2013; sexual dysfunction secondary to industrial injury; anxiety and depression secondary to industrial injury; s/p AP fusion 360 degrees at L4 to the sacrum, solid; transition syndrome at L4-5, s/p decompression with residuals; acute exacerbation, L3-4, radiculitis, left, consistent with clinical examination. The 8/11/15 report documents a new onset of constipation, excessive thirst and excessive urination, an unsteady gait, and nervousness. The patient is currently attending aquatic therapy 2 times a week, which helps significantly per 9/22/15 report. The patient is currently taking Norco, Cymbalta, Flexeril, and Prilosec per 8/5/15 report. The patient is on social security disability, and is temporarily totally disabled per 9/22/15 report. MTUS Postsurgical Guidelines, Low Back Section, pages 25 and 26 states: "Postsurgical treatment (fusion): 34 visits over 16 weeks; Postsurgical physical medicine treatment period: 6 months; Spinal stenosis (ICD9 724.0): See 722.1 for post surgical visits; Postsurgical physical medicine treatment period: 6 months." MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per requesting 9/22/15 report, the treater states: "the patient is instructed to continue with his postoperative physical therapy rehabilitation for the lumbar spine at 2 times a week for 4 weeks." The 4/29/15 report states that aquatic therapy is helping with range of motion. The 9/2/15 report states that physical therapy is helping. Per review of reports, the number of sessions of postoperative physical therapy are not documented. Utilization review letter dated 10/16/15 denies the request as the patient is beyond the postoperative physical medicine treatment period, and is s/p 24 physical therapy sessions and 32 aquatic therapy sessions. ODG allows for up to 34 sessions of physical therapy following lumbar fusion surgery within 6 months of surgery. In this case, the

patient is 11 months s/p lumbar revision intralaminar laminotomy at L3-4 from 10/23/14. The patient was authorized for 8 sessions of aquatic therapy per utilization review letter dated 7/31/15, which the patient is currently attending as of the 9/22/15 report. For non-operative cases, up to 10 visits are recommended over 8 weeks according to MTUS guidelines. As the patient has already been authorized for 8 recent therapy sessions, the current request for an additional 8 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.