

Case Number:	CM15-0225431		
Date Assigned:	11/24/2015	Date of Injury:	04/02/2012
Decision Date:	12/31/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on 4-2-12. The injured worker was being treated for status post L4-5 laminectomy and mild L4-5 spondylolisthesis. On 10-8-15, the injured worker reports he is doing well, has left-sided buttock and leg pain with movement otherwise no radiating pain. Work status is noted to be disabled. Physical exam performed on 10-8-15 revealed well healed incision, normal strength and negative straight leg raise bilaterally. Treatment to date has included lumbar laminectomy, at least 11 physical therapy sessions (with slow steady progress), epidural steroid injections, oral medications including Orphenadrine, Vicoprofen and Diclofenac and activity modifications. On 10-22-15 request for authorization was submitted for 8 water therapy visits transitioning to physical therapy land visits. On 10-31-15 request for 8 physical therapy visits was modified to 4 visits by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of land physical therapy two times a week for four weeks for lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions land-based physical therapy two times per week times 4 weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post L4 - L5 laminectomy; and mild L4 - L5 spondylolisthesis. Date of injury is April 2, 2012. Request authorization is October 22, 2015. According to a progress note dated October 8, 2015, the injured worker is status post 4.5 months lumbar laminectomy L4 - L5. The injured worker is doing well with low back pain that radiates to the left buttock and leg. Objectively, motor function is 5/5 and straight leg raising was negative. According to a progress note dated October 14, 2015, the injured worker is receiving visit #11 aquatic therapy. The injured worker tolerates pool activity. The guidelines recommend 16 visits for laminectomy. The injured worker received 11 out of 12 aquatic therapy sessions. The guidelines recommend an additional four sessions bringing the total to 16 physical therapy sessions. There are no compelling clinical facts for additional physical therapy sessions over and above the recommended guidelines. A request for an additional eight physical therapy land-based sessions exceeds the recommended guidelines. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, 8 sessions land-based physical therapy two times per week times 4 weeks to the lumbar spine is not medically necessary.