

Case Number:	CM15-0088752		
Date Assigned:	05/14/2015	Date of Injury:	08/26/2012
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 39 year old male who sustained an industrial injury on 08/26/2012. Mechanism of injury was not included. Diagnoses include intermittent right leg radiculopathy, L5-S1 disc degeneration, and L5-S1 anterior lumbar interbody fusion, and right laminotomy. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic therapy, epidural steroid injections, facet blocks and a discogram, done 01/20/2014, which confirmed L5-S1 as his pain generator, which showed posterior fissure with concordant pain, and anterior lumbar fusion done on 03/19/2015. A physician progress note dated 03/31/2015 documents the injured worker is seen for his post-operative evaluation. He is approximately two weeks status post L5-S1 anterior lumbar interbody fusion with cage and instrumentation, posterior spinal instrumentation and fusion, and right laminotomy. He has a difficult time tolerating his medication and has since weaned himself off of his pain medication. He has a decreased in back and leg pain. He does have low back pain that he rates 4 out of 10 on the Visual Analog Scale with medication and 8 out of 10 without medications. On examination he ambulates with a normal gait. Anterior and posterior incisions are dry and intact. Light touch and pinprick are intact in his bilateral lower extremities. Straight leg raise is negative at 90 degrees bilaterally. There is no pain present on palpation. The treatment plan is for x rays of the lumbar spine which were done with this visit, conservative care including walking as well as ice and heat therapy. He was given a prescription of Tramadol 50 mg, 1 every 6 hours as needed, #90, for pain, and follow up visit in four weeks. Treatment requested is for physical therapy for the lumbar spine, quantity 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine Qty: 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, physical therapy lumbar spine #18 sessions 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are intermittent right leg radiculopathy; L5 - S1 disc degeneration; and L5 - S1 anterior lumbar interbody fusion, right laminectomy. According to a progress note dated March 31, 2015, the injured worker is two weeks status post L5 - S1 ALIF with fusion and laminectomy. Utilization review states the proposed surgery (ALIF) was inconsistent with the guidelines and not recommended. The injured worker underwent the surgery using his private insurance. A review of the record shows the injured worker (as noted above) is two weeks status post ALIF. Physical therapy is appropriate in the postoperative period for the surgical procedure. The guidelines recommend 16 visits over eight weeks for discectomy/laminectomy and 34 visits over 16 weeks for fusion. The treating provider requested 18 sessions of physical therapy. The guidelines recommend 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). The treating provider exceeded the recommended guidelines in the #18 sessions physical therapy request. Additionally, the physical examination from the March 31, 2015 progress note was completely unremarkable. There was a normal gait, no palpable tenderness, a normal neurologic evaluation and negative straight leg raising. Consequently, absent clinical documentation with authorization for the proposed surgical procedure, a normal postoperative physical examination and a physical therapy request in excess of the recommended guidelines (a six visit clinical trial), physical therapy lumbar spine #18 sessions is not medically necessary.