

Case Number:	CM14-0006844		
Date Assigned:	02/07/2014	Date of Injury:	07/22/2010
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29 year old male who reported an injury on 7/22/10. The injured worker was status post bilateral L5-S1 laminotomy and discectomy on 2/11/11. The injured worker had physical therapy and two epidural steroid injections before a MRI on 9/29/11, which showed potential for symptomatic impingement upon the descending left S1 nerve root. An examination on 3/20/12 reported increased pain and tenderness at the lumbosacral junction and left sciatic notch. He had a positive straight leg raise test on the left and decreased sensation of the S1 dermatome on the left. On 4/27/12 he underwent a spinal revision of L5-S1 decompression and fusion and segmental instrumentation. The injured worker continued physical therapy and then a home exercise program. On 12/13/13, the injured worker complained of low back pain and stiffness radiating to both legs with numbness. He had tenderness to palpation in the bilateral S1 joints, coccyx and lumbar paravertebral muscles. He had spasms of the lumbar paravertebral muscles, positive straight leg raise. The last CT showed a solid fusion. The recommendation is for physical medicine and rehabilitation or pain management assistance. A document furnished with this review reported the injured worker had 38 visits of post operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIALIST REFERRAL ORTHOPEDIC CONSULT: Upheld

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 (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend office visits only as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A consultation is to aid in the diagnosis, prognosis, therapeutic management and determination of medical stability. The injured worker has been evaluated and has a diagnosis, prognosis, and treatment plan to include physical therapy. There is no sufficient documentation submitted to warrant a consultation at this time. As such, the request is not medically necessary.

PHYSIOTHERAPY ONCE A WEEK FOR SIX WEEKS FOR THE LOWER BACK:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174, 203-204, 234-235, 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home exercise. Visits recommended are 8-10 over 4 weeks. The injured worker had 38 post operative physical therapy visits and the most recent clinical evaluation does not include significant functional deficits. As such, the request is not medically necessary.