

Case Number:	CM14-0135852		
Date Assigned:	08/29/2014	Date of Injury:	10/31/2011
Decision Date:	12/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

This is a 40 years old female with a work related injury to the lumbo-sacral spine from 10/31/2011. She was diagnosed with lumbar spondylosis without myelopathy, lumbar herniated nucleus pulposus, lumbar radiculitis/thoracic radiculitis, and hip bursitis. On 01/13/2014 the injured worker underwent a microdiscectomy and laminotomy of L4-5. Post surgery, she experienced pain that radiated down both thighs and numbness of left lower leg. She was treated with medications and 16 sessions of physical therapy to the lumbar area. The worker reported the physical therapy seemed to have helped her, however was doing home exercises and taking Tylenol since the sessions were completed recently. Physical exam on 07/15/2014 revealed a well healed incision site. The injured worker reported continued decreased sensation in left lower leg with moderate tenderness along the bilateral greater trochanters. Pain level was documented as 3/10 on the pain scale. The provider noted the injured worker was not yet able to get back to work without risking increasing her pain. The provider submitted a request for physical therapy 2 times a week for 4 weeks to the lumbar/thoracic area post - op for a total of 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/Thoracic Post Op Additional Physical Therapy 2x/week for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Medicine Page(.

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a lumbar microdiscectomy/laminectomy surgery, up to 16 sessions of supervised physical therapy over 8 weeks is recommended. Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Chronic Pain Treatment Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, she had already completed the recommended number of supervised physical therapy sessions with some benefit. However, there was no explanation found in the notes available for review suggesting that she was unable to continue therapy unsupervised at home in the form of home exercises, which would typically be recommended at this stage in her post-surgical treatment. It was reported that she was doing home exercises, but of no mention as to how often and if they were helping her or difficult to do without supervision. Therefore, there seems to be minimal evidence to suggest that she warrants additional supervised physical therapy, and the additional 8 sessions will be considered medically unnecessary.