

Case Number:	CM14-0143778		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2012
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 California. 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 patient is a 60-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of July 25, 2012. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to both legs. Examination of the lumbar spine showed limitation of motion due to pain; increased tone and tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; and muscle spasms. The diagnosis was lumbar spine sprain/strain with radicular complaints, and MRI evidence of 3mm disk bulge at L4-L5 and 5mm bulge at L5-S1. Utilization review dated August 6, 2014 has certified the request for right-sided L4-5 and L5-S1 microdiscectomy and hemilaminotomy foraminotomy decompression. Treatment to date has included oral analgesics, physical therapy, lumbar ESI, acupuncture, and chiropractic therapy. Utilization review from August 6, 2014 modified the request for 12 Post-op physical therapy sessions to 8 Post-op physical therapy sessions. An initial course of therapy consisting of eight visits is supported to start. With evidence of functional improvement, more sessions can be assigned. The request for 12 Post-op cryotherapy sessions was denied due to lack of guideline support, and because the requested treatment is not a common practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OP PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommends postsurgical treatment of up to 16 visits over 8 weeks for patients who underwent discectomy/laminectomy with postsurgical physical medicine treatment period of 6 months. An initial course of therapy may be prescribed which is one half of the number of visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In this case, right-sided L4-5 and L5-S1 microdiscectomy and hemilaminotomy foraminotomy decompression was certified. Post-operative physical therapy is medically necessary. However, the request exceeds guideline recommendation of 8 initial physical therapy visits. The guideline recommends completion of physical therapy treatment when there is documentation of functional improvement. The medical necessity of postoperative physical therapy in excess of the guideline-recommended initial course was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for PROSPECTIVE REQUEST FOR 12 POST-OP PHYSICAL THERAPY SESSIONS is not medically necessary.

12 POST-OP CRYOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, right-sided L4-5 and L5-S1 microdiscectomy and hemilaminotomy foraminotomy decompression was certified. However, the request did not state the daily frequency of cryotherapy sessions. It is unclear whether the requested sessions would exceed guideline recommendation of 7 days. Moreover, it is uncertain whether conventional cold packs or ice machines/devices would be used for treatment. The medical necessity cannot be established because the request was nonspecific. Therefore, the request for PROSPECTIVE REQUEST FOR 12 POST-OP CYROTHERAPY SESSIONS is not medically necessary.