

Case Number:	CM14-0180262		
Date Assigned:	11/04/2014	Date of Injury:	12/05/2007
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 Rehabilitation and Pain Medicine, has a subspecialty in Pain Medicine 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:

This is a 51-year-old male patient who sustained a remote industrial injury on 12/05/2007. Diagnoses include lumbar radiculopathy, lumbar postlaminectomy syndrome, lumbar spondylosis, cervical radiculopathy, and cervical degenerative disc disease. Previous treatment has included physical therapy, medications, L5-S1 fusion in 2009, left-sided lumbar revision laminotomy and complete facetectomy L5-S1 and decompression over S1 in 2012, spinal cord stimulator trial, acupuncture, SI joint injections, Botox, bracing, and injections. On 10/09/14 a request for physical therapy (PT) 2x4 to the lumbar spine was modified a utilization review with certification of PT x 2 for transition to a home exercise program (HEP). The reviewing physician noted the patient has a history of low back surgery and his permanent stationary since 2013. The patient had completed an additional 10 sessions of PT as of 10/02/14. There was no clear indication for another month of skilled therapy. It was recommended the patient receive a couple more sessions to transition to a self-directed home exercise program. The most recent progress report dated 09/11/14 indicates the patient complaining of ongoing pain in the low back, mostly in the left sacroiliac joint area with deep achy pain in the upper buttocks increased with hip internal rotation. There was associated numbness and tingling with shooting pain that radiates down the lateral aspect of his thigh down to the dorsal aspect of his left foot. It was noted he is currently doing physical therapy which provides him with relief. Patient is currently taking OxyContin 20 mg at night and Percocet 10/325 mg 1 tablet 3 times daily for breakthrough pain. He is also on Gabapentin 600 mg 3 times per day and Celebrex 200 mg. He was not sure if the Gabapentin or Celebrex is helping him. He is on Lunesta to help him sleep. Current pain level was rated at 7/10. Physical examination revealed straight leg raise was positive on the left at 60. There is tenderness to palpation of the lumbar facets bilaterally. There was pain over the lumbar intervertebral spaces to palpation and left sided sacroiliac joint pain to palpation. There

are palpable twitch positive trigger points noted in the lumbar paraspinous muscles. Lumbar range of motion was diminished. Motor strength was grossly normal except for plus/5 in the left lower limb muscles. Lower extremity sensation was decreased at the left lateral thigh, knee, and dorsal foot. It was recommended the patient be cleared by cardiology and undergo a left piriformis injection as well as continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic and physical therapy has been performed in the past with the patient recently completing an additional 12 sessions of PT as of 10/02/14. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised exercise therapy rather than continuing with a fully independent home exercise program. MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The requested PT 2x4 to the lumbar spine is not medically necessary and necessary.