

Case Number:	CM14-0177887		
Date Assigned:	10/31/2014	Date of Injury:	06/18/2001
Decision Date:	09/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 67-year-old male who sustained an industrial injury on June 18, 2001 resulting in radiating low back pain. He is diagnosed with post-laminectomy syndrome and lumbar stenosis. Documented treatment has included implantation of a dorsal column stimulator, bilateral S1 transforaminal epidural steroid injections which he reported as being effective, L4-S1 revision minimally invasive transforaminal lumbar interbody fusion July 22, 2014, physical therapy with reported 35 percent improvement in symptoms, home exercise, and transdermal and oral medication. The injured worker continues to present with radiating low back pain. The treating physician's plan of care includes continuing post-operative physical therapy for the lumbar spine and Percocet 10-325 mg. Work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post-Op physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: CA MTUS/Post surgical guidelines, Low Back section, page 25-26 recommend 34 visits over 16 weeks for lumbar fusion. The injured worker underwent L4-S1 TLIF on 7/22/14. The documentation provided reports the worker attended 12 post operative physical therapy visits. The clinical note from 10/1/14 fails to demonstrate evidence of significant functional improvement to warrant ongoing physical therapy sessions. No objective deficits are noted and residual symptoms are primarily limited to pain. The surgery occurred more than 1 year ago and the likelihood additional physical therapy sessions, as opposed to a home exercise program, would improve the injured workers symptoms at this time is very unlikely. Furthermore, there is no quantity of visits specified in the request. Therefore, the request for continued physical therapy is not medically necessary.

Prospective usage of Percocet 10/325mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance or increase in activity from the exam note of 10/1/14. Therefore, the request for continued use of Percocet is not medically necessary.