MAXIMUS Federal Services

Case Number:	CM14-0216115		
Date Assigned:	01/06/2015	Date of Injury:	01/23/2009
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 sustained a work related injury on January 23, 2009, to the lumbar spine from moving blue print plans all day. The injured worker's previous conservative treatments were noted to have included physical therapy, epidural steroid injections, and oral medications. The Physician's pain management progress report dated November 25, 2014, noted the injured worker with excruciating low back pain that radiated to the legs, and interfered with daily activities and sleep. The injured worker reported seeing a surgeon who requested surgery. A copy of that report was not included in the documentation provided. The injured worker noted the severity of pain without medication as 9/10, down to a 5/10 with the medications. Physical examination was noted to show paravertebral muscle tenderness in the lower lumbar region, with positive straight leg raises, and decreased sensation to light touch over the left L4 and L5 dermatomes. The diagnostic impressions were noted to be lumbar spinal stenosis and lumbar radiculopathy. The UR Physician noted documentation from the orthopedic surgeon requesting authorization for lumbar decompression from L3-S1 with posterior segmental instrumentation with cages and transforaminal fusion L3-L4, L4-L5, and L5-S1, for lumbar spinal stenosis. The orthopedic surgeon was also noted to have requested authorization for post-operative physical therapy three times a week for six weeks, to begin six weeks post-operatively. The orthopedic surgeon's report was not included in the documentation provided.On November 26, 2014, Utilization Review evaluated the request for post-operative physical therapy three times a week for six weeks, to begin six weeks post-operatively, citing the MTUS Postsurgical Treatment Guidelines. The UR Physician noted that based on the available information and the fact that the

lumbar spine surgery was not certified, the request for post-operative physical therapy three times a week for six weeks, to begin six weeks post-operatively was also non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x 6 to begin 6 weeks post-op: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Low back pain

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.As noted in the ODG guidelines: A recent Cochrane review concluded that exercise programs starting 4-6 weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment; high intensity exercise programs seem to lead to a faster decrease in pain and disability than low intensity programs; home exercises are as good as supervised exercises. The guidelines recommend up to 34 visits over 26 weeks after fusion surgery. Based on the guidance and evidence above, the request for 18 sessions of physical therapy post-opratively is medically necesary.