

Case Number:	CM14-0217524		
Date Assigned:	01/07/2015	Date of Injury:	01/14/2013
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54 year old male who suffered a work related injury on 01/14/2013. The document present for review was a Magnetic Resonance Imaging of the lumbar spine dated 09/30/2014. Magnetic Resonance Imaging revealed L4-L5 4mm broad based posterior L4-L5 disc herniation, minimal to mild lumbar spine spondylosis L1 though to L5, and lumbar muscular spasm. The Utilization Review dated 12/23/2014 documents the injured worker has a history of low back pain and is status post L4-L5 laminectomy and discectomy on 11/21/2014. The radiograph of the lumbar spine, 2 views dated 12/01/2014 revealed right laminectomy defect at L4-L5 with no alternation in the sagittal and coronal alignment versus preoperative studies. The injured worker returned for a follow-up visit on 12/03/2014 and reported that he was happy with his early postoperative results and reported improvement in the radiating right leg pain. He still had moderate midline low back pain. Lumbar spine examination revealed a well-healed incision that was non-tender and without erythema or discharge. The injured worker was diagnosed with status post right L4-L5 Laminotomy and discectomy. The request is for physical therapy 3 times a week for 6 weeks. Utilization Review dated 12/23/2014 modifies the request for physical therapy 3 times a week for 6 weeks to the lumbar spine, to physical therapy 8 sessions to the lumbar spine. Cited for this decision was California Medical Treatment Utilization Schedule (MTUS)-Postsurgical Treatment Guidelines. Guidelines recommend an initial trial of therapy stating, "Initial course of therapy means one half of the number of visit specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment." The

Guidelines would support up to 16 visits with an initial authorization of half of that with further therapy dependent on improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). Utilization Review dated 12/23/2014 modifies the request to 8 weeks as an initial trial. Further physical therapy sessions will depend on documentation of clear benefit and improvement.