

Case Number:	CM15-0008480		
Date Assigned:	01/23/2015	Date of Injury:	06/09/2005
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Internal 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:

The injured worker is a 67 year old male, who sustained an industrial injury on 06/09/2005. He has reported low back pain. The diagnoses have included post-laminectomy syndrome lumbar region. Treatment to date has included medications, physical therapy, and surgical intervention. A progress note from the treating physician, dated 12/27/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain with improvement since most recent surgery; pain is rated 4/10 on the visual analog scale with medication, and 9/10 without medication; thigh pain which radiates down the legs; bilateral knee pain; and left ankle weakness. Objective findings included presentation in a wheelchair, unable to walk; decreased sensation over the right L5 dermatome distribution; improvement of left knee range of motion; and ongoing significant weakness of the left ankle with foot drop. The treatment plan has included request for updated lumbar x-rays; re-request AFO brace; physical therapy three times a week for six weeks; aggressive home stretching and walking program; in-patient detoxification program; and follow-up evaluation in four to six weeks. On 01/09/2015 Utilization Review noncertified a prescription for Physical Therapy (PT) three times a week for six weeks. The CA MTUS, Chronic Pain Medical Treatment Guidelines: Post-Surgical Treatment (fusion) was cited. Utilization Review noncertified a prescription for Evaluation for in-patient detoxification. The ODG, Pain: Detoxification was cited. On 01/14/2015, the injured worker submitted an application for IMR for review of a prescription for Physical Therapy (PT) three times a week for six weeks, and for Evaluation for in-patient detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 3 x a week x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment (Fusion).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for low back fusion surgery, 34 visits of postsurgical physical therapy are recommended. The medical records document a history of lumbar spine fusion surgery on 02/13/14. The orthopedic spine surgeon's progress report dated 12/17/14 documented that the patient has only had 8 sessions of physical therapy. The patient has significant weakness and loss of range of motion, and inability to walk prior to surgery. Physical therapy three times a week for six weeks (18) was requested. MTUS Postsurgical Treatment Guidelines indicate that for low back fusion surgery, 34 visits of postsurgical physical therapy are recommended. The request for 18 physical therapy visits is supported by MTUS guidelines. Therefore, the request for physical therapy three times a week for six weeks is medically necessary.

Eval for In-Patient Detoxification: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/14), Detoxification

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that detoxification may be necessary due to the following: (1) intolerable side effects, (2) lack of response, (3) aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) lack of functional improvement. The orthopedic spine surgeon's progress report dated 12/17/14 documented that Percocet 10/325 mg and Clonazepam 1 mg were the controlled substances on the patient's medication regimen. The physician suggested that after additional physical therapy, at a future date, the patient should consider in-patient detoxification. No rationale for in-patient detoxification was presented. Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement were not documented. The request for in-patient detoxification was not supported by the 12/17/14 orthopedic spine surgeon's progress report. Therefore, the request for in-patient detoxification is not medically necessary.

