

Case Number:	CM15-0175296		
Date Assigned:	09/16/2015	Date of Injury:	05/14/2008
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male, who sustained an industrial injury on 5-14-2008. Diagnoses include postsurgical arthrodesis, lumbago, sciatica, and chronic pain syndrome. Treatment to date has included surgical intervention (anterior lumbar interbody fusion L5-S1, 2012 and right sacroiliac fusion with removal of hardware L5-S1, 10-28-2014), prior physical therapy (23 visits as of 6-26-2015 progress note), home exercise, modified work, selective nerve root blocks, epidural steroid injections and medications. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker reported after receiving L4-5 epidural steroid injection, radiating pain through the posterior leg has improved. He continues to have pain along the inguinal line and some pain over the anterior thigh. He reports tightness and spasm of the proximal anterior thigh. He rates his pain with medications as 4 out of 10 and 6-7 out of 10 without medications. Objective findings of the lumbar spine included tenderness over the L5-S1 facet region and 6cm right of L5. Lumbar range of motion (ROM) reveals a function of 70, extension to L5, and marked complaints of pain with facet loading. Work status was modified duty. Per the Physical Therapy Daily Progress report dated 6-26-2015, the injured worker demonstrated improvement in physical therapy through full lumbar ROM, increased strength, decreased discomfort and improved tolerance to activity. He continues to have significant tenderness along the right hip flexors but is better able to participate in activities to address this. The recommendation is for continuation of physical therapy. On 8-04-2015, Utilization Review non-certified/modified the request for additional physical therapy (2x6) for the low back and right hip citing lack of documented medical necessity.

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 6 weeks for low back and right hip qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2008 and is being treated for chronic low back pain with a history of a lumbar fusion in March 2012 and right sacroiliac joint fusion in October 2014. Post-operative physical therapy includes completion of 23 sessions as of 06/26/15. When seen, there was improvement after an epidural steroid injection. His BMI was 29. There was lower abdominal tenderness. There was lumbar tenderness with decreased and painful range of motion and positive facet loading. There was lower extremity sensation. Additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 18 visits over 3 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.