

Case Number:	CM15-0175659		
Date Assigned:	09/16/2015	Date of Injury:	12/31/2010
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
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: North Carolina

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:

This is a 35-year-old male with a date of injury of December 31, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent extruded disk on the left at L5-S1, and a disc herniation at L4-L5. The documentation notes that the injured worker underwent a revision of left L5-S1 hemilaminotomy, medial facetectomy, foraminotomy with excision of disc material at L5-S1 and epidural scar tissue, and L4-5 left hemilaminotomy, medial facetectomy, and foraminotomy with excision of herniated disc at left L4-5 on March 4, 2015. Medical records dated March 26, 2016 indicate that the injured worker stated he had improved leg pain and less back pressure, but complains of persistent spasms with fasciculations in the calf and leg, knots over the ileum bilaterally and in the paraspinal region, and persistent numbness of the left foot. A progress note dated June 5, 2015 notes subjective complaints of continued lower back pain, shooting pain into the leg with pressure onto the lower back, spasms in the bilateral legs, and twitching of the bilateral calves. The record also indicated that the injured worker had some minor improvement after surgery including less discomfort in his leg. Per the treating physician (June 5, 2015), the employee remained disabled from work. The physical exam dated March 6, 2015 reveals dysesthesia and reduced sensation in the L5 and S1 dermatomes of the left foot. The progress note dated June 5, 2015 documented a physical examination that showed normal strength in the legs, obvious twitching and fasciculations of the gastrocnemius muscle on both legs, and painful dysesthesia sensation in the S1 dermatome on the left. Treatment has included transcutaneous electrical nerve stimulator unit, back surgery, at least seventeen sessions of postoperative physical therapy, and medications (Ibuprofen 800mg since at least June 5, 2015). The treating physician indicates that the injured worker "Has achieved the level of recovery that he is going to get from this particular operation", and that he had benefitted

from the transcutaneous electrical nerve stimulator unit and physical therapy. The original utilization review (August 6, 2015) non-certified a request for eighteen sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative Physical therapy at 3 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.