

Case Number:	CM15-0175909		
Date Assigned:	09/17/2015	Date of Injury:	08/27/2014
Decision Date:	10/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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 55-year-old male with an industrial injury dated 08-27-2014. Medical record review indicates he is being treated for cervical herniated disc, lumbar stenosis and "lumbar herniated." He presents on 08-27-2015 for follow up status post anterior cervical discectomy and fusion as well as anterior and posterior lumbar 5-sacral 1 fusion. Documentation notes the neck is doing "well" however, "the lower back has quite a bit of pain." The injured worker stated he had just started a part time job at about 24 hours per week and at the end of the day the back hurts him "quite a bit." He stated he was continuing to work. Physical findings are documented as showing plantar flexors and dorsiflexors are "slightly" weak bilaterally. Sensation is documented as intact to light touch bilaterally. His current medications included Fexmid, Methoderm Gel, Ultram, Lunesta and Prilosec. Work status is documented as "Patient is not working at this time." Prior treatment included surgery and medications. The provider documented: "The lumbar spine MRI also shows that the hardware is intact and the alignment is very good." The treatment plan included medications and physical therapy of the lumbar spine 2-3 times a week. The treatment request (dated 08-31-2015) is for physical therapy (12 sessions) to the lumbar spine 2-3 times a week with 12 sessions in total. On 09-04-2015 the request for physical therapy (12 sessions) to the lumbar spine 2-3 times a week with 12 sessions in total was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions) to the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014 and underwent an L5-S1 lumbar fusion on 02/09/15 and a multilevel anterior cervical decompression and fusion in April 2015. In July 2015, his neck was overall doing well. He was having right-sided low back pain. Physical examination findings included a normal lower extremity neurological examination. A CT scan of the lumbar spine was requested to evaluate his lumbar fusion. When seen on 08/27/15, the imaging results were reviewed showing expected postoperative findings. There was slight lower extremity weakness, possibly due to back pain. In this case, the physical medicine treatment period of six months following the lumbar fusion has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and not medically necessary.