

Case Number:	CM15-0176312		
Date Assigned:	09/28/2015	Date of Injury:	03/16/1998
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
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: Maryland

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

The injured worker is a 67-year-old male who sustained an industrial injury on March 16, 1998. A recent progress note dated August 25, 2015 reported chief subjective complaint of "back pain." He is revision lumbar laminectomies in February 23, 2015. Current medications consisted of: Morphine, Nucynta. The assessment noted: cervical spine pain; cervical radiculitis; degenerative disc disease, cervical; cervical post-laminectomy syndrome; lumbosacral neuritis; lumbar post laminectomy syndrome; facet joint syndrome, and lumbosacral degenerative disc disease. The plan of care is with requested recommendation for a course of physical therapy. A primary treating office visit dated March 18, 2105 reported subjective complaint of left knee and lumbar pain." There is noted complaint of: neck, low back and bilateral hip pain left side greater. Previous treatment to include: activity modification, medications, physical therapy, surgery, injections, spinal cord stimulator trial and surgery. Current medications listed: Opana ER, Nucynta. There is note of "will wean from high-dose Opiates as post-operative pain improves." The Nucynta will continue at 75mg down from 100mg, and Opana ER decreased to 30mg. On august 25, 2015 a request was made for course of physical therapy treating the lumbar and cervical spine that was noncertified on September 03, 2015 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 3xwk x 4wks cervical and lumbar spine: 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), Low back, Neck and Upper back, physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: Physical therapy 3xwk x 4wks cervical and lumbar spine is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 16 visits for laminectomy surgery of the lumbar spine. The documentation states that the patient has had 12 post op lumbar PT visits already. There are no extenuating factors on exam that necessitate 12 more supervised PT visits. Additionally, it is unclear how many prior cervical PT visits the patient has had in the past. The MTUS recommends up to 10 visits for radiculitis. The MTUS recommends a transition from a supervised therapy session to an independent home exercise program. The request for 12 more supervised therapy sessions is not medically necessary.