MAXIMUS Federal Services

Case Number:	CM15-0176386		
Date Assigned:	09/17/2015	Date of Injury:	03/24/2011
Decision Date:	12/23/2015	UR Denial Date:	08/04/2015
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: Texas, California
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:

The injured worker is a 37-year-old female, with a reported date of injury of 03-24-2011. The diagnoses include thoracic and lumbosacral neuritis, lumbar spondylosis with myelopathy, lumbar spinal stenosis with neurogenic claudication, lumbar intervertebral disc displacement without myelopathy, and lumbar post-laminectomy syndrome. The progress report dated 07-13-2015 indicates that the injured worker was doing well and was progressing. It was noted that her left quad strength and sensation was improving. The physical examination of the lumbar spine showed normal palpation; no redness, swelling, deformity or tenderness, incisions were clean, dry, and intact, normal lumbar lordosis, no scoliosis, 5/5 strength and normal lumbar range of motion. The patient had diminished sensation in left calf. Physical examination of the lumbar spine on 5/6/15 revealed decreased muscle spasm, increased strength, and ROM. The injured worker's status was noted temporary total disability for six weeks. The treating physician indicates that the injured worker needed to continue physical therapy; on 06-01-2015, it was noted that physical therapy was going well, but the therapist felt that the injured worker needed an extension for four more weeks. The diagnostic studies to date have included x-rays of the lumbar spine on 06-26-2015 which showed stable grade 1 anterolisthesis of L5 onto S1. Treatments and evaluation to date have included Zanaflex, Prilosec, Naproxen, Norco, Soma, Fexmid, honey topical paste, physical therapy, acupuncture, lumbar fusion revision, and lumbar decompression on 10-21-2014. The medical records included the physical therapy report dated 05-19-2015, and this visit was indicated at visit number 14. The treating physician requested 12 additional physical therapy visits for the lumbar spine and an x-ray of the lumbar spine. The

treating physician indicates that the injured worker needed to continue physical therapy; on 06- 01-2015, it was noted that physical therapy was going well, but the therapist felt that the injured worker needed an extension for four more weeks. On 08-04-2015, Utilization Review (UR) non- certified the request for 12 additional physical therapy visits for the lumbar spine and an x-ray of the lumbar spine. The patient sustained the injury due to slip and fall incident. The patient's surgical history include lumbar fusion on 10/21/14. The patient had received an unspecified number of PT visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy visits (lumbar spine): Upheld

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

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

Decision rationale: The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 Additional physical therapy visits (lumbar spine) is not fully established for this patient.

1 X-ray of the lower spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the ACOEM guidelines cited below, lumbar spine x-rays may be appropriate when the physician believes it would aid in patient management. The diagnoses include thoracic and lumbosacral neuritis, lumbar spondylosis with myelopathy, lumbar spinal stenosis with neurogenic claudication, lumbar intervertebral disc displacement without myelopathy, and lumbar post-laminectomy syndrome. Physical examination of the lumbar spine on 5/6/15 revealed decreased muscle spasm, increased strength, and ROM. The patient's surgical history includes lumbar fusion on 10/21/14. The patient had chronic back pain, surgery and significant abnormal objective findings. The patient had received conservative treatment and oral medication. X-rays of the lumbar were requested to aid in patient management. The request for the 1 X-ray of the lower spine is medically necessary and appropriate for this patient.