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| Case Number: | CM15-0176924 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 09/18/2012 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/31/2015 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a reported date of injury of 09-18-2012. The diagnoses include status post lumbar laminectomy at L2-5 with residual thoracolumbar sprain and strain. Treatments and evaluation to date have included physical therapy and lumbar laminectomy on 10-31-2014. The diagnostic studies to date have included a urine drug screen on 04-22-2015 with no detections. The progress report dated 08-06-2015 indicates that the injured worker complained of low back pain that was improving while doing post-operative therapy. The injured worker's last treatment was on 07-09-2015. The physical examination of the low back showed a well-healed surgical scar at the midline; tenderness to palpation over the paravertebral musculature, left side greater than right; flexion at 45 degrees; extension at 14 degrees; right side bending at 15 degrees; and left side bending at 15 degrees. The treatment plan included post-operative physical therapy two times a week for three weeks for the lumbar spine to decreased pain, medication use, and increase activities of daily living. The injured worker was instructed to return to modified work on 08-07-2015. The treating physician noted that the injured worker had "increased range of motion and less pain". It was also noted that he still felt "fatigue quickly and physical therapy would improve stamina". The progress report dated 07-06-2015 indicates that the injured worker complained of low back pain, and he attended physical therapy. It was noted that he got 50% better. The injured worker also complained of a knot in the left sacroiliac joint. The injured worker rated his pain 3-7 out of 10. The medical records included the physical therapy report for nine visits from 05-15-2015 to 07-09-2015. The lumbar re-evaluation dated 07-09-2015 indicates that the injured worker stated that he had made

a lot of progress with physical therapy, and wanted to continue therapy. The objective findings include improved lumbar range of motion and muscle testing. The therapist indicated that the injured worker continued to make good, slow, steady progress. He was independent with his home exercise program, and would benefit from continued work on core strength and conditioning at a facility closer to his home. The treatment plan included continued therapy. The treating physician requested six (6) postoperative physical therapy sessions for the lumbar spine. On 08-31-2015, Utilization Review (UR) non-certified the request for six (6) postoperative physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy post operative for the lumbar spine quantity 6: 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 current request is for Physical Therapy post operative for the lumbar spine quantity 6. Treatments to date have included lumbar epidural injection, trigger point injection, physical therapy, medications and lumbar laminectomy on 10-31-2014. The patient is TTD. This patient is outside of the post-surgical time frame for physical medicine. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 07/09/15, the patient is s/p lumbar surgery on 10/31/14 and continues to have low back pain. The patient states that he has made good progress with physical therapy, and would like to continue. The objective findings include improved lumbar range of motion and muscle testing. Physical therapy notes indicate that the patient continues to make good, slow, steady progress. He is independent with his home exercise program, and would benefit from continued work on core strength and conditioning at a facility closer to his home. The treatment plan is for continued therapy. The patient has completed 12 post op PT sessions on 07/09/15. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to continue the self-directed home exercise program. The requested physical therapy IS NOT medically necessary.