

Case Number:	CM15-0178805		
Date Assigned:	09/21/2015	Date of Injury:	10/13/2014
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This is a 48 year old male with a date of injury of October 13, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for left greater than right lumbosacral radiculopathy, and had undergone a left L4-5 microdiscectomy on April 20, 2015. Medical records dated July 17, 2015 indicate that the injured worker complains of mild low back aching which increases with increased activity, back weakness that is improving with therapy, and significant left leg improvement with recent aching of the left posterior thigh. Records also indicate occasional use of Norco. A progress note dated August 28, 2015 notes subjective complaints similar to those documented on July 17, 2015. The physical exam dated July 17, 2015 reveals a healed lumbar incision, ability to heel and toe walk, normal gait, trace reflexes at the knees and ankles, intact sensation, and 4 out of 5 strength of the left patella. The progress note dated August 28, 2015 documented a physical examination that showed no changes since the examination on July 17, 2015. The treating physician noted (August 28, 2015) that the injured worker had "Completed pool and land therapy", and medications included Norco and Flexeril since at least April of 2015. The original utilization review (September 8, 2015) partially certified a request for four sessions of physical therapy for the lumbar spine (original request for six sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions 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): Medications for chronic pain.

Decision rationale: The patient presents with low back pain. The request is for 6 physical therapy sessions for the lumbar spine. Patient is status post left L4-5 microdiscectomy, 04/20/15. Examination to the lumbar spine on 07/17/15 revealed a healed incision; patient had a normal gait. Per Request For Authorization dated 09/01/15, patient's diagnosis includes sciatica. Patient's work status, per 08/28/15 progress report, is temporarily partially disabled. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "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." MTUS post-surgical guidelines, pages 25-26, Low Back, Postsurgical treatment (discectomy/laminectomy), allow 16 visits over 8 weeks; Postsurgical physical medicine treatment period: 6 months. In progress report dated 08/28/15, the treater states that the patient has completed pool and land therapy. The treater further states that the patient's back weakness is improving with therapy but the patient does not yet feel strong enough to return to work. Patient is status post left L4-5 microdiscectomy, 04/20/15 and is not within post-operative time period. In this case, it appears that the patient has had adequate physical therapy for his condition. Furthermore, the treater has not documented why the patient cannot transition into a home based exercise program. Therefore, the request IS NOT medically necessary.