MAXIMUS Federal Services

Case Number:	CM15-0179487		
Date Assigned:	09/21/2015	Date of Injury:	10/09/2013
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
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, Hawaii
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 38 year old male who sustained an industrial injury on October 09, 2013. A recent primary treating office visit dated July 21, 2015 reported subjective complaints of "constant mild to moderate post-operative low back pain radiating to the left buttock down to the left lower extremity." He also reports having "anxiety, depression, stress, and insomnia. He current takes Tramadol and Colace for pain relief and is not attending physical therapy at this time. He is status post lumbar fusion on august 23, 2014 and states "he is 75% to 80% improved" with his surgical treatment. The following diagnoses were applied to this visit: status post anterior lumbar fusion on August 23, 2014 with residuals; bilateral lower extremity radiculopathy, improved; spondylosis, disc herniation, central stenosis, lateral recess stenosis, and neural foraminal stenosis with bilateral lower extremity radiculopathy. The plan of care is with recommendation for post-operative lumbar spine rehabilitation program. Back in February 2015 at primary follow up there were noted subjective complaints of: "constant low back pain with radiation to the left lower extremity and bilateral buttocks; anxiety." He has completed 12 sessions of physical therapy treatment and states "the physical therapy helped with his range of motion and pain." The plan of care noted: recommending continued physical therapy treatment for lumbar spine; undergo radiography study of lumbar spine assessing fusion and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks 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): Physical Medicine.

Decision rationale: The patient has ongoing complaints of post-operative low back pain with radiation to the left buttock and left lower extremity with associated numbness and tingling. The current request is for Physical therapy 2 x a week for 4 weeks for the lumbar spine. The attending physician states the patient should continue as he still has a ways to go-page (36b). The CA MTUS does recommend physical therapy with a fading of treatment frequency from three visits per week to 1 or less with a transition into active self-directed home physical medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has received extensive physical therapy post-operatively. At this time the patient is nearly 1 year post/op. The MTUS post-surgical physical medicine treatment window is 6 months. Records indicate that physical therapy was last authorized on 3/17/15. There is no objective documentation which shows that the physical therapy is providing functional benefit. In fact, medical records dated 7/21/15 indicate a decrease in lumbar flexion, extension and side bending from earlier records dated 2/25/15. As such, the medical records do not establish medical necessity for additional physical therapy.