

Case Number:	CM15-0078536		
Date Assigned:	04/29/2015	Date of Injury:	06/11/2010
Decision Date:	07/07/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on June 11, 2010. The injured worker was diagnosed as having lumbar disc herniation, facet arthropathy, foraminal stenosis, status post lumbar decompression and fusion and micro laminectomy. Treatment and diagnostic studies to date have included surgery, medication and therapy. A progress note dated March 30, 2015 provides the injured worker complains of low back pain with stiffness and pain in sacroiliac joints going down right leg with weakness, numbness and ankle swelling. She underwent lumbar fusion in January 2015. The injured worker was hospitalized for an extended period due to infection. Physical exam notes ambulation with a cane and decreased strength, range of motion (ROM) and sensation of right lower extremity. The plan includes aqua therapy, follow-up, medication and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion, body parts (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Flexibility.

Decision rationale: The injured worker sustained a work related injury on June 11, 2010. The medical records provided indicate the diagnosis of lumbar disc herniation, facet arthropathy, foraminal stenosis, status post lumbar decompression and fusion and micro laminectomy. Treatment and diagnostic studies to date have included surgery, medication and therapy. The medical records provided for review do not indicate a medical necessity for Range of motion, body parts (unspecified). The request does not specify the part of the body to be evaluated. Nevertheless, considering the injured part is the back the evaluation was done using the back as the focal pain. The MTUS states that Range-of-motion measurements of the low back are of limited value. The Official Disability Guidelines states that flexibility testing is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation; it further states that the relation between lumbar range of motion measures and functional ability is weak or nonexistent.

Post operative physical therapy 3x weekly for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured worker sustained a work related injury on June 11, 2010. The medical records provided indicate the diagnosis of lumbar disc herniation, facet arthropathy, foraminal stenosis, status post lumbar decompression and fusion and micro laminectomy. Treatment and diagnostic studies to date have included surgery, medication and therapy. The medical records provided for review do not indicate a medical necessity for Post operative physical therapy 3x weekly for six weeks for lumbar spine. The medical records indicate she is S/P L2- S1 Spinal decompression and fusion of Bilateral L2-L4 Laminar foraminectomy and microdisctomy done on 01/19/2015; the injured worker has had an unspecified number of post surgical physical Medicine, but an additional request has been made for three visits a week for 6 weeks. The post surgical physical therapy guidelines recommends as follows: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5;722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (arthroplasty): 26 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (fusion): 34 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Therefore, without specifying the number of visits the injured worker has had, it is not possible to determine whether the request is within the recommended number of visits.

Follow-up visit with spine surgeon for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309-309.

Decision rationale: The injured worker sustained a work related injury on June 11, 2010. The medical records provided indicate the diagnosis of lumbar disc herniation, facet arthropathy, foraminal stenosis, status post lumbar decompression and fusion and micro laminectomy. Treatment and diagnostic studies to date have included surgery, medication and therapy. The medical records provided for review do indicate a medical necessity for Follow-up visit with spine surgeon for lumbar spine. The medical records indicate she is S/P L2- S1 Spinal decompression and fusion of Bilateral L2-L4 Laminar foraminectomy and microdisctomy done on 01/19/2015. The records indicate she was hospitalized for a period of time after the surgery for a suspected surgical infection; a Lumbar MRI done after the surgery revealed lack of evidence for infection, but presence of never root impingement at the L5 level. The MTUS recommends surgical referral if there is clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this particular case the injured worker has had surgery, but continues to have problems clinically and in the imaging study. It is appropriate to follow up with the specialist. The MTUS recommends four to seven days if the patient is off work and seven to fourteen days if the patient is working.

Follow-up with an orthopedist, body parts unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The injured worker sustained a work related injury on June 11, 2010. The medical records provided indicate the diagnosis of lumbar disc herniation, facet arthropathy, foraminal stenosis, status post lumbar decompression and fusion and micro laminectomy. Treatment and diagnostic studies to date have included surgery, medication and therapy. The medical records provided for review do not indicate a medical necessity for Follow-up with an orthopedist, body parts unspecified. The medical records indicate she is S/P L2- S1 Spinal decompression and fusion of Bilateral L2-L4 Laminar foraminectomy and microdisctomy done on 01/19/2015. The records indicate she was hospitalized for a period of time after the surgery for a suspected surgical infection; a Lumbar MRI done after the surgery revealed lack of evidence for infection, but presence of never root impingement at the L5 level. The MTUS recommends surgical referral if there is clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this particular case the injured worker has had surgery, but continues to have problems clinically and in the imaging study. It is appropriate to follow up with the back specialist. However, this request is for a follow up with an unspecified orthopedist; therefore, this is not medically necessary.

Aquatic therapy, twice weekly for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured worker sustained a work related injury on June 11, 2010. The medical records provided indicate the diagnosis of lumbar disc herniation, facet arthropathy, foraminal stenosis, status post lumbar decompression and fusion and micro laminectomy. Treatment and diagnostic studies to date have included surgery, medication and therapy. The medical records provided for review do not indicate a medical necessity for Aquatic therapy, twice weekly for lumbar spine. The MTUS recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. It follows the same guideline as the land based Physical Medicine. The medical records indicate she is S/P L2- S1 Spinal decompression and fusion of Bilateral L2-L4 Laminar foraminectomy and microdisctomy done on 01/19/2015; the injured worker has had an unspecified number of post surgical physical Medicine, but an additional request has been made for three visits a week for 6 weeks. The post surgical physical therapy guidelines recommends as follows: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5;722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (arthroplasty): 26 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (fusion): 34 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. The medical records indicate the injured worker ambulates with a single point cane, and the worker has reduced lower extremities muscle strength. Without specifying the number of visits the injured worker has had, it is not possible to determine whether the request is within the recommended number of visits.