

Case Number:	CM15-0079583		
Date Assigned:	04/30/2015	Date of Injury:	10/20/2011
Decision Date:	05/29/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45-year-old male, with a reported date of injury of 10/20/2011. The diagnoses include lumbar radiculopathy, degenerative disk disease retrolisthesis at L5, lumbar discogenic pain, low back pain, lumbar herniated nucleus pulposus, and lumbar degenerative disc disease. Treatments to date have included anterior spinal fusion at L5-S1, oral medications, occupational therapy, physical therapy, x-rays of the lumbar spine, and a cane. The post-operative medical report dated 03/03/2015 indicates that the injured worker was doing well. It was noted that he was still having pain, but no longer required a narcotic. The injured worker was attending physical therapy three times a week, and his work hours were to be increased as tolerated. The physical examination showed a clean and dry incision without signs of infection, and grossly intact motor, sensation, and reflexes. The treating physician requested physical therapy 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 3 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week for six weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status both anterior lumbar fusion L5 - S1; lumbago; lumbar herniated disc; and degenerative disc disease lumbar. According to a progress note dated March 19, 2015 (date of surgery December 15, 2014), subjectively the injured worker is doing well but still having pain but no longer requires narcotics. The documentation indicates the injured worker attends physical therapy three times per week. Work hours are increased as tolerated (photocopying quality is poor and it is difficult to make out some of the copy). Objectively, the physical examination notes the incision is clean and dry without signs of infection. Motor, sensation, reflects are grossly intact. The treatment plan indicates a follow-up appointment, taper narcotics, physical therapy and wean off of brace are anticipated. There are no clinical symptoms or signs or musculoskeletal deficits that warrant additional physical therapy. The total number of physical therapy sessions to date is not included in the medical record documentation. The guidelines recommend 34 sessions over 16 weeks for fusion. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent clinical documentation indicating the total number of physical therapy sessions received to date (guidelines recommend 34 sessions over 16 weeks for fusion), documentation of objective functional improvement and clinical symptoms and signs with neuromuscular deficits that warrant additional physical therapy, physical therapy three times a week for six weeks to the lumbar spine is not medically necessary.