

Case Number:	CM15-0093765		
Date Assigned:	05/20/2015	Date of Injury:	12/06/2009
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 39-year-old male who sustained an industrial injury on 12/06/09. The mechanism of injury was not documented. Past surgical history was positive for lumbar decompressive laminectomy at L3-L5 on 4/16/10. The 2/21/15 lumbar spine MRI impression documented decompressive laminectomy at L3/4, L4/5 and L5/S1 with at least mild spondylosis and facet arthrosis at these levels and minimal retrolisthesis of L3 on L4, and L4 on L5. At L3/4, there was a broad-based disc protrusion with bilateral lateral recess stenosis and borderline to mild bilateral foraminal stenosis. At L4/5, there was a broad-based posterior disc bulge/protrusion with more prominent right paramedian component. There was bilateral borderline to mild bilateral foraminal stenosis, and mild bilateral recess stenosis with potential contact descending right L5 nerve root. At L5/S1, there was central and right paramedian disc protrusion with mild right lateral recess stenosis with slight displacement of the descending right S1 nerve root. The 4/16/15 neurosurgery/spine consultation report cited low back pain radiating to the right buttock and posterior legs with numbness and tingling in his feet. He was continuing to work as a firefighter/paramedic and was trying to remain active. Medications were providing some relief. He had not had recent conservative treatment. Physical exam documented normal strength, reflexes, and deep tendon reflexes. He reported increased right leg/hip pain with lumbar flexion. Lumbar extension caused pain localized over the right L3/4 and L4/5 facet joints. There was increased paraspinal hypertonicity and point tenderness at the right sacroiliac joint and over the right L3/4, L4/5, and L5/S1 facet joints. Straight leg raise was positive on the right. Imaging showed recurrent disc protrusions at L3/4 and L4/5, worse at L4/5 causing a moderate right foraminal narrowing. There were degenerative changes throughout the lumbar spine, worse at the L5/S1 level with moderate to severe right neuroforaminal narrowing. The

diagnosis included lumbar/lumbosacral intervertebral disc degeneration, lumbar intervertebral disc displacement without myelopathy, lumbago, lumbosacral spondylosis, and lumbar post laminectomy syndrome. Surgical interventions were discussed. The treatment plan included gabapentin, Mobic, physical therapy, x-rays and right sided L5-S1 selective nerve root block. The provider recommended that the injured worker remain off work for the next 6 weeks while conservative care was pursued to avoid surgery. The 4/27/15 utilization review certified the requests for right sided L5/S1 selective nerve root block, follow-up with spinal neurosurgeon, and lumbar x-rays with flexion/extension views. The request for physical therapy (unspecified number of sessions, frequency/duration) was modified to 6 visits to allow for assessment of functional improvement to determine if additional therapy was required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (unspecified number of sessions, frequency/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT); Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Physical therapy (PT).

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support up to 10 visits for myalgia/myositis, neuralgia, neuritis, and radiculitis. The Official Disability Guidelines provide specific physical therapy treatment guidelines for lumbar intervertebral disc disorders that would also support up to 10 visits. Following an initial course of care, additional therapy may be supported for functional restoration and with evidence of objective measurable functional improvement. The 4/27/15 utilization review modified this non-specific request for physical therapy to 6 visits to allow for initiation of treatment following selective nerve root block and to objectively assess functional improvement to therapy. There is no compelling reason to support the medical necessity of additional physical therapy at this time, pending completion of the currently certified care and documentation of residual functional deficits and functional improvement with treatment provided. Therefore, this request is not medically necessary.