

Case Number:	CM13-0019817		
Date Assigned:	01/03/2014	Date of Injury:	08/28/1997
Decision Date:	03/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 72-year-old male who reported an injury on 08/28/1997. The mechanism of injury was not specifically stated. The latest physician progress report was submitted on 10/22/2013 by [REDACTED]. The patient reported persistent lower back pain with intermittent bilateral lower extremity pain. Physical examination revealed tenderness to palpation at the SI joint bilaterally, positive straight leg raising bilaterally, intact sensation, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a lumbar epidural steroid injection at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy "Frequency Unknown": Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow

for fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient's injury was 16 years ago to date. There is no documentation of a previous course of physical therapy with total treatment duration and efficacy. Furthermore, the patient's current physical examination only revealed positive straight leg raising and tenderness to palpation. There was no documentation of a significant musculoskeletal or neurological deficit. Additionally, the current request does not specify the total treatment duration and frequency. Based on the clinical information received, the request is non-certified.

Aquatic Therapy "Frequency Unknown": Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Chronic Pain Medical Treatment Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, there is no indication that this patient requires reduced weight-bearing as opposed to land-based physical therapy. The patient's physical examination does not reveal significant musculoskeletal or neurological deficit. Based on the clinical information received, the request is non-certified.

Lumbar Epidural Steroid Injection L3-4, L4-5 and some degree L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as a possible option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient's physical examination revealed intact sensation and 5/5 motor strength in bilateral lower extremities. Therefore, there is no evidence of radiculopathy upon physical examination. There is also no documentation of a recent failure of conservative treatment. Furthermore, guidelines do not recommend more than 2 nerve root levels injected using transforaminal blocks, and no more than 1 interlaminar level at 1 session. Based on the clinical information received and the Chronic Pain Medical Treatment Guidelines, the request is non-certified.