

Case Number:	CM13-0023692		
Date Assigned:	10/11/2013	Date of Injury:	08/09/2012
Decision Date:	01/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Anesthesiology, was fellowship trained in Pain Medicine, and is licensed to practice in Texas and California. 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 29-year-old male who reported an injury to his low back on 8/9/12; he was lifting up to 80 pound beer kegs, and began to have low back pain. The patient was treated with physical therapy, trigger point injections, medications, and the use of a TENS unit. He underwent an MRI of the lumbar spine which showed multilevel degenerative disc disease with annular tears. He also underwent a transforaminal steroid injection at the L4-5 levels with reduction in pain and improvement in function, and underwent an EMG/NCV of the right lower extremity on 6/21/2013, which revealed L4 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for eight sessions of physical therapy for the thoracic/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines section on Low Back - Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: A clinical note dated 8/15/13 noted that the patient's pain had not resolved with conservative measures such as medication and physical therapy, and a recommendation was

made for referral to a neural surgeon for further evaluation and treatment. The California MTUS Guidelines recommend 8-10 visits for treatment of myalgia and myositis, and 8-10 visits for treatment of neuralgia and neuritis. However, the patient is noted to have treated with physical therapy in the past for an unknown number of visits, and the doctor notes that he had failed to improve with the use of medications and physical therapy. Therefore, the request is non-certified.