

Case Number:	CM13-0035749		
Date Assigned:	12/13/2013	Date of Injury:	05/22/2012
Decision Date:	02/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Interventional Spine and is licensed to practice in 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.

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 48-year-old male, date of injury on 05/22/2012. The request for neurosurgeon referral and physical therapy 3 times a week for 4 weeks has been denied per utilization letter dated 10/08/2013. The rationale provided by the reviewer was that this patient did not have indications for surgical candidacy, and therefore, referral to a spine surgeon was not necessary. Physical therapy was denied since the patient's condition was permanent and stationary with no evidence that the patient has suffered recent exacerbation, decline in function, or aggravation. Review of the reports showed that there are number of QME reports by [REDACTED] and also progress reports by [REDACTED]. [REDACTED] 08/21/2013 supplemental report refers to MRI scan of lumbar spine that showed 3-mm retrolisthesis, 5-mm disk herniation at L5-S1 with bilateral lateral stenosis. 09/25/2013 report by [REDACTED] has the patient at temporary total disability. 08/19/2013 report has the patient's exam showing decreased sensation lateral part of the left foot consistent with S1 radiculopathy. QME reports by [REDACTED] on 07/08/2013 and 05/13/2013 are reviewed. [REDACTED] mentioned "marked symptom magnification," mild disk protrusion of the C-spine with no evidence of root impingement or significant root compression, lumbar degenerative disk disease, normal physical exam, and recommended just supportive care. List of diagnosis for this patient are history of bilateral carpal tunnel syndrome, cervical lumbar degenerative disk disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurosurgeon, lower back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), ACOEM guidelines, Chapter 7, pg. 127.

Decision rationale: This patient presents with chronic low back pain since the injury 05/22/2012. MRI showed 5-mm disk herniation at L5-S1, 3-mm retrolisthesis at this level. The patient continues to be symptomatic, and the treating physician, [REDACTED], recommended referral to a spine surgeon per report 08/21/2013. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient may benefit from additional expertise given lack of progress and continued pain. A discussion with a spine specialist, neurosurgeon or orthopedic surgeon may benefit this patient in his understanding of the condition whether or not the patient is a surgical candidate. Recommendation is for authorization.

Physical therapy, bilateral hands, lower back 3 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with chronic neck, upper extremity symptoms, prior history of carpal tunnel release, and herniated disk lumbar spine and chronic low back and left lower extremity symptoms. The treating physician has requested physical therapy 3 times a week for 4 weeks per 08/19/2013 report. The treater does not provide physical therapy history or what his specific goals are. Physical therapy is requested for upper extremity symptoms, neck, and low back chronic pains. It is assumed that the therapy is requested to help manage the patient's chronic pain. Despite review of the QME reports, there are no mentions of physical therapy, how much treatments this patient has had, and with what kind of response. MTUS Guidelines page 98 states "The physician should periodically review the course of treatment," "continuation or modification of pain management depends on the physician's evaluation or progress towards subjective goals. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of current treatment plan and consider the use of other therapeutic modalities." In this case, I do not see that the treater discusses the patient's prior therapy treatments, whether or not they were helpful, what was lacking, and what the goals are for additional physical therapy at this time. Furthermore, MTUS Guidelines page 99 recommends up to 10 visits over 8 weeks for myalgia myositis, for neuralgia neuritis, 8 to 10 visits over 4 weeks. The current request for 12 sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.

