

Case Number:	CM13-0045180		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2013
Decision Date:	02/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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, 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. 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:

This 55 year-old male mechanic sustained an injury on 6/3/13 while employed by [REDACTED]. Requests under consideration include physical therapy 2 times a week for 4-6 weeks to the lumbar, cervical spine and lumbar epidural steroid injection. Report of 10/10/13 from [REDACTED] noted patient with complaints of constant dull and intermittent sharp low back pain with associated weakness and numbness of the thighs. Medications list Aspirin, Benazepril, Bupropion, Gabapentin, Hydrocodone-acetaminophen, Meloxicam, simvastatin and Xanax. Exam of cervical spine showed no tenderness on palpation of paraspinal; no muscle spasm; limited range; normal motor strength except for submaximal effort due to pain; left hand with hypesthesia; and normal DTRs. Lumbar spine exam showed lumbar paraspinal tenderness, limited range; motor strength with submaximal effort due to pain; intact sensation, intact DTRs and negative SLR. Diagnoses include cervical spondylosis, left C4-5 neuroforaminal stenosis, left cervical radiculitis; and left L5-S1 disc protrusion. Treatment included LESI as it provided good relief and additional PT. Under work status, prognosis is noted to be guarded and probably will have permanent restrictions and residual disability. Request for PT was partially-certified for 2 visits and LESI non-certified on 10/23/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4-6 weeks to the lumbar, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 55 year-old male mechanic sustained an injury on 6/3/13 while employed by [REDACTED]. Requests under consideration include physical therapy 2 times a week for 4-6 weeks to the lumbar and cervical spine. Report of 10/10/13 from [REDACTED] noted patient with complaints of constant dull and intermittent sharp low back pain with associated weakness and numbness of the thighs. Medications list Aspirin, Benazepril, Bupropion, Gabapentin, Hydrocodone-acetaminophen, Meloxicam, simvastatin and Xanax. Exam of cervical and lumbar spine showed limited range without tenderness or neurological deficits as noted by intact motor strength, sensation, and DTRs. The patient has completed at least 8 PT sessions without documented functional improvement with 2 additional visits partially-certified to transition to a HEP. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The physical therapy 2 times a week for 4-6 weeks to the lumbar, cervical spine is not medically necessary and appropriate.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 55 year-old male mechanic sustained an injury on 6/3/13 while employed by [REDACTED]. Requests under consideration include lumbar epidural steroid injection. Report of 10/10/13 from [REDACTED] noted patient with complaints of constant dull and intermittent sharp low back pain with associated weakness and numbness of the thighs. Medications list Aspirin, Benazepril, Bupropion, Gabapentin, Hydrocodone-acetaminophen, Meloxicam, simvastatin and Xanax. Exam of cervical and lumbar spine showed limited range without tenderness or neurological deficits as noted by intact motor strength, sensation, and DTRs. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient exhibit ongoing chronic pain symptoms; however, submitted reports have not adequately demonstrated previous pain relief or functional

improvement from injections previously rendered. The lumbar epidural steroid injection is not medically necessary and appropriate.