

<b>Case Number:</b>	CM13-0046942		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 38-year-old male who has submitted a claim for displacement of thoracic or lumbar intervertebral disc without myelopathy associated with an industrial injury date of August 1, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent and worsening low back pain radiating to both legs. The pain was worse with sitting, standing, walking, bending, lifting and driving. A progress note from August 28, 2013 noted that he was not able to work anymore because of the back pain. Patient also had intermittent numbness and weakness in the left leg. Examination showed tenderness the spinal midline at L5-S1 but not over the sciatic notch or nerve on either side. Straight leg raising test was positive on the left at 50 degrees and on the right at 70 degrees. Sensation to light touch was decreased on the left lower extremity especially on the left calf. Reflexes were normal in both lower limbs. An MRI of the lumbar spine dated June 5, 2013 showed signs consistent with central and left paracentral disk protrusion at L5-S1 indenting the left exiting S1 nerve root and minimally to moderately narrowing the left neural foramen. This was somewhat decreased as compared to prior examination Treatment to date has included analgesics and physical therapy. Records show that the patient had six sessions of Physical therapy from 9/17/2013 to 10/2/2013. Since the physical therapy started, the patient had been making progress and was experiencing 5 hours of relief before symptoms start to return. The patient was also using ice at home and doing self decompression at home. Utilization review from October 10, 2013 denied the request for neurosurgical consultation due to inadequate symptoms and physical signs to justify it. The request for physical therapy (8 treatment sessions) of the lumbar spine was also denied due to insufficient information as with regards the number, date and response to previous PT sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgical Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2D ED., P. 127 (2004).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. According to pages 305-306 of the ACOEM Practice Guidelines referenced by California MTUS, lumbar surgical consultation is indicated for patients with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment. In this case, patient complained of low back pain radiating to bilateral lower extremities corroborated by decreased sensation to light touch on the lower extremities. Muscle strength testing and reflexes were normal. Symptoms persisted despite physical therapy and intake of medications hence this request for surgical consultation. However, there is no exhaustion of conservative management to date. There were no attempts for lumbar epidural steroid injection. Moreover, there was no worsening of objective findings or presence of red flag signs to warrant this request. The medical necessity was not established. Therefore, the request for neurosurgical consultation is not medically necessary.

**Physical Therapy (8 treatment sessions) - Lumbar Spine:** 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 Medicine Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical

medicine. The recommended number of visits for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient had already undergone 6 prior PT visits for his back pain and was improving prior to the request for additional PT. On cessation of physical therapy for about a month due to non-certification, patient was reported by the physical therapist to be worse than his initial visit. Indeed, the patient may have possibly benefited with 2-4 more visits of prior PT at that time. However, the request for 8 more sessions exceeds the guideline recommendations. It is not clear why there should be a need for deviations from the guidelines. Therefore, the request for Physical Therapy (8 treatment sessions) - Lumbar Spine is not medically necessary.