

Case Number:	CM13-0047182		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2011
Decision Date:	07/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine 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:

Injured worker is a male with date of injury 10/17/2011. Per primary treating physician's progress report dated 10/25/2013, the injured worker states family members passed away three weeks ago. He has been very depressed and can't sleep. He states he has been having lower back pain spasms. He states bilateral legs go numb, left more than the right. On examination he can bend over and reach to mid-tibia just below each knee with no spasms and diffuse tenderness. Deep tendon reflexes are 2+ and negative. Diagnoses include: chronic intractable pain, lumbar pain and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X A WEEK FOR 4 WEEKS: 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 Physical Medicine section, page(s) 98, 99 Page(s): 98-99.

Decision rationale: The requesting physician reports that this request is to initiate physical therapy. There is no evidence in the clinical reports that this injured worker has participated in therapist guided physical therapy previously. The MTUS Guidelines recommend physical therapy

focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The MTUS Guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. This request is in excess of the recommended number of sessions. The request for physical therapy 3x a week for 4 weeks is determined to not be medically necessary.

**BACK STABILIZATION PROGRAM AT 1ST CHOICE, LOWER LUMBAR SPINE
QUANTITY: 12,: 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 X Physical Medicine section, page(s) 98, 99 Page(s): 98-99.

Decision rationale: The requesting physician reports that this request is to initiate physical therapy. There is no evidence in the clinical reports that this injured worker has participated in therapist guided physical therapy previously. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The MTUS Guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. This request is in excess of the recommended number of sessions. The request for physical therapy 3x a week for 4 weeks is determined to not be medically necessary.

**INJECTION- STEROID EPIDURAL, ONE AT L5-S1 AND ONE AT L4-L5 QUANTITY:
2: 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 Epidural Steroid Injection section, page(s) 46 Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The requesting physician reports that these injections are an attempt to avoid spine surgery, most likely discectomy and fusion. The principal source of pain is thought to be the discs at L4-L5 and L5-S1. The injured worker is restricted in his mobility due to axial pain, without significant radicular irritation or radiculopathy. It is noted however that the injured worker has had two epidural steroid injections previously, and the efficacy of these procedures is

not reported. The request for injection - steroid epidural steroid, one at L5-S1 and one at L4-L5 quantity 2 is determined to not be medically necessary.