

Case Number:	CM13-0055261		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2012
Decision Date:	03/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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:

The patient is a 40 year old female injured on 01/17/2012 when the patient slipped and fell. Prior treatment consisted of the following medications; Hydrocodone 10mg, Protonix 20 mg, Fexmid 7.5 mg, Voltaren, Gabapentin 100 mg, Lamictal 150 mg, Abilify 5 mg, Clonazepam 1 mg, Trazodone 50 mg, and Singulair, 4 mg. The patient had lumbar ESI on 10/14/2013 and 3 sessions of physical therapy. MRI dated 07/31/2013 of the lumbar spine revealed T12-L1 partial dehydration of the disc. There was a small defect in the interior aspect of T12, 2 mm anterior disc protrusion. Facet joints were satisfactory. L4-5 had a 5% decrease in the height of the disc. There was partial dehydration of the disc, 2-3mm posterior disc protrusion with encroachment on the thecal sac and foramina; and 2-3 mm anterior disc protrusion. L5-S1 saw a 30% decrease in the height of the disc. There was a partial dehydration of the disc. There was a 4-5mm posterior disc protrusion with increased seen posteriorly in relation to the central posterior aspect of the disc which indicated an annular tear. There was encroachment on the epidural fat and encroachment on the foramina with compromise of the exiting nerve roots bilaterally. There were arthritic changes of the left facet joint but not on the right facet joint. A clinic note dated 11/04/2013 indicates patient presented with lower back pain that was described as constant, shooting and tight. On physical exam, there was tenderness in lower back with mild pressure. SLR was negative bilaterally. Palpation of the lumbar facet revealed left sided pain at L3-S1. There was pain over lumbar intervertebral spaces on palpation and tenderness over paraspinal muscles. Twitch positive for trigger points. Gait was antalgic. Sensation and was grossly intact and DTRs were intact. Impression was chronic lower back pain from lumbar DDD and radiculopathy. The treatment plan was trigger point injections, physical therapy for 12 sessions and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times per week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. This patient had previously tried 3 sessions of physical therapy, but there is no documentation of objective functional improvement with the previous trial of physical therapy. The patient was diagnosed with lower back pain from lumbar DDD and radiculopathy. As per California MTUS guidelines, the total number of visits allowed for neuralgia, neuritis, and radiculitis, unspecified are 8-10 visits over 4 weeks. The request for 12 sessions exceeds the guidelines recommendation, and thus the request is non-certified.