

Case Number:	CM13-0056598		
Date Assigned:	06/09/2014	Date of Injury:	07/05/2013
Decision Date:	07/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine & 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 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:

This 32 year-old female sustained a low back injury on 7/5/13. Diagnoses include lower back strain/ right lower extremity radiculopathy; and right sacroiliac strain-improved. Report of 10/25/13 from the provider noted the patient with ongoing low back strain radiating to the lower extremity. The patient has completed physical therapy and has been consistent in performing her home exercise. Pain has improved in the low back since the last visit; however, radiating pain to the right lower extremity has worsened. The patient denied numbness, tingling, or muscle weakness. MRI of the lumbar spine showed L5-S1 disc degeneration and protrusion compressing right S1 nerve root; no significant canal or neural foraminal stenosis. Exam of the lumbar spine to be midline with mild tenderness on right lumbar paraspinal musculature; straight leg raise positive at 80 degrees on right/ negative on left; limited range of motion with flex/ext/lateral flexion bilaterally at 75/10/30 degrees respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiatry Evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009 ACOEM Practice Guidelines (second edition), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request for physiatry evaluation and treatment was for possible lumbar epidural steroid injections; however, although LESI was recommended, it appears the patient has deferred from the injections, deeming treatment unnecessary at this time. There are also no end points to be measured that are being assessed for under the realm of treatment. There is no evidence that any narcotics are being prescribed requiring opioid contract and intermittent drug screening as it was noted the patient has no regular medications. Per Guidelines, a treatment plan to address chronic pain should be time-lined with clear functional goals and modification as the patient progresses; and further treatment should be appropriate for the diagnosed condition(s), and should not be performed simply because of continued reports of pain. The Physiatry evaluation and treatment is not medically necessary and appropriate.