

Case Number:	CM13-0067316		
Date Assigned:	10/01/2014	Date of Injury:	08/05/1988
Decision Date:	11/26/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

He has a remote history of work injury occurring on 08/05/88. He was seen for neurosurgery follow-up on 05/30/13. He was having back and leg pain and difficulty walking and was unable to work. Physical examination findings included discomfort and back pain with lumbar spine extension. There was decreased left lower extremity strength and sensation and a slow gait. Imaging results were reviewed with an MRI of the lumbar spine in April 2013 showing findings of L5-S1 spondylolisthesis with neuroforaminal compression at L5. The assessment references consideration of a lumbar decompression and fusion. On 11/01/13 he was having ongoing symptoms. Pain was rated at 7-8/10. Authorization for surgery had been denied. Physical examination findings appear unchanged. He was referred for injections and physical therapy. He was evaluated for physical therapy on 12/17/13 with chronic low back pain radiating into the right lower extremity. He had a history of spine surgery followed by injections done eight years after. The assessment references prior physical therapy as having helped but that the claimant had not continued exercises and his back pain had worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN MANAGEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7: Independent Medical Examinations and Consultations, p127

Decision rationale: The claimant is more than 20-years status post work-related injury and continues to be treated for chronic low back pain. Recent imaging is reported as showing findings of L5-S1 spondylolisthesis with neuroforaminal compression at L5. He has complaints and physical examination findings consistent with radiculopathy. He has already had physical therapy and there is reference to noncompliance with a home exercise program. Surgery is being considered. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with symptoms, physical examination findings, and MRI consistent with this diagnosis. An epidural steroid injection might be an option in his treatment. Therefore requesting a referral to pain management is medically necessary.

PHYSICAL THERAPY 2 TIMES PER WK FOR 8 WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (1) Chronic pain, Physical medicine treatment. (2) Pre.

Decision rationale: The claimant is more than 20-years status post work-related injury and continues to be treated for chronic low back pain. Recent imaging is reported as showing findings of L5-S1 spondylolisthesis with neuroforaminal compression at L5. He has complaints and physical examination findings consistent with radiculopathy. He has already had physical therapy and there is reference to noncompliance with a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Further, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.