

Case Number:	CM14-0004293		
Date Assigned:	02/05/2014	Date of Injury:	07/10/2007
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] who has submitted a claim of low back pain associated from an industrial injury date of July 10, 2007. The treatment to date has included L3-L4 facet joint medial branch block (10/22/10), posterior spinal decompression L2-L5 (5/28/13), left L2, L3, L5 selective nerve root block (10/14/13), acupuncture, physical therapy, home exercise program, cognitive behavior therapy, TENS, and medications with include Mobic, Cymbalta, Sprix nasal spray, Dilaudid, ibuprofen, Prozac, Flexeril, Ultram, Norco, Percocet, gabapentin, and medical cannabis. The medical records from 2012-2014 were reviewed, the latest of which dated January 8, 2014 revealed that the patient had been making improvements in her ability to cope with her chronic lower back pain with a combination of her independent home exercise program, left sided selective nerve root blocks and ongoing cognitive behavior therapy. However, she feels that she is reaching a plateau and that her pain in the left leg is starting to return to a greater degree over the past month. She continues to receive some benefit from the left selective nerve root block (10/14/13), but is starting to wear off and is hoping to repeat this injection so that she can continue with aggressive intense rehab efforts. Over the past few weeks, she has been having some increasing nausea of unclear etiology. She feels that she is not able to tolerate the Norco and thus been decreasing the usage of Norco to a half (1/2) tablet at a time and taking it less frequently. She underwent left L2, L3, L5 selective nerve root block/transforaminal epidural steroid injection (10/14/13) and still has overall improvements in exercise tolerance and standing and walking tolerance, but the pain is starting to return with greater intensity. She has had an appreciable decrease in pain and improvement in standing tolerance since the injection. She continues to hike, bike, and walk as her exercise routine since undergoing the injection. She no longer takes Dilaudid, but occasionally use Sprix nasal spray for severe flare ups of pain. She continues to report ongoing

chronic lower back complaints, but less flare ups of pain in the left lower extremity radiating from the left lower back into the left groin, left buttock, posterior thigh, and along the lateral aspect of the calf since undergoing injection. Prolonged standing does continue to worsen her pain and she tends to lie down on most occasions. She does better when reclined. On physical examination, there is a well-healed lumbar spine surgical scar. She continues to have limitation in range of motion of the lumbar spine. Gait is slightly antalgic with weight-bearing forward on the right leg, but she is able to ambulate without a cane. The utilization review from December 12, 2013 denied the request for one (1) physical therapy evaluation and eight (8) sessions of work hardening physical therapy because the claimant's job is not specified to be in the medium or heavy demand category and there is no agreement by the claimant on her employer that she will be returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PHYSICAL THERAPY EVALUATION: 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, 2ND EDITION, 2004, PAGE 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, PAGE 127,156.

Decision rationale: The ACOEM Guidelines indicate that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The Chronic Pain Guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. In addition, the Postsurgical Treatment Guidelines recommend physical therapy to intervertebral disc disorders without myelopathy post-discectomy/laminectomy for sixteen (16) visits over eight (8) weeks, within the treatment period of six (6) months. In this case, the patient had previous physical therapy; however, the number of sessions and outcome were not documented. Based on the recent clinical evaluation, the patient still reported chronic lower back complaints, but less flare ups of pain in the left lower extremity radiating from the left lower back into the left groin, left buttock, posterior thigh, and along the lateral aspect of the calf since undergoing injection. There are no new complaints. The physical examination did not show worsening of the patient's condition that may warrant further consultation for physical therapy evaluation. Also, the patient has beyond the recommended treatment period to allow for additional physical therapy sessions, therefore, the request for one (1) physical therapy evaluation is not medically necessary.

EIGHT (8) SESSIONS OF WORK HARDENING PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125-126..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING; PHYSICAL MEDICINE Page(s): 125 AND 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that the criteria for work hardening program participation include a work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; and no more than two (2) years past date of injury. In this case, the documents submitted do not specify the patient's job to be in the medium or heavy demand category and there is no agreement by the claimant on her employer that she will be returning to work. There is no documentation of a plateau from physical therapy. Also, the date of injury is beyond two (2) years, the recommended limit to prescribe work hardening. Therefore, the request for eight (8) sessions of work hardening physical therapy is not medically necessary.