

Case Number:	CM14-0007570		
Date Assigned:	02/10/2014	Date of Injury:	08/31/2004
Decision Date:	06/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery 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 injured worker is a 44 year old male whose date of injury is 08/31/2004. The mechanism of injury is described as falling onto a pallet. The claimant is status post disc replacement surgery on 03/25/11. Note dated 01/24/13 indicates that the injured worker failed a trial of spinal cord stimulation. Pain management re-evaluation dated 07/11/13 reports diagnoses are failed back surgery syndrome and right lower extremity sensory radiculopathy and radiculitis. The claimant underwent a trial of intrathecal Dilaudid on 07/22/13 which greatly improved his symptoms, but he did experience side effects of diaphoresis and pruritis. Agreed medical examination dated 11/12/13 indicates that treatment to date includes Rhizotomy, epidural steroid injections, and electrical stimulation. On neurological examination of the lower extremities proximal and distal motor strength is grossly normal. Sensation is intact throughout. Deep tendon reflexes are symmetrical in the lower extremities. Diagnoses are status post lumbar disc replacement surgery, and right lumbar radiculopathy. The injured worker was recommended to undergo CT of the lumbar spine and neurodiagnostic studies of the lower extremity to objectify his right radiculopathy. Lower extremity electromyography dated 12/03/13 documents evidence suggestive of denervation in right sided L5-S1 innervated muscles. CT of the lumbar spine dated 12/13/13 revealed at L4-5 there is mild bilateral facet hypertrophy and mild hypertrophy of the ligamentum flavum with a broad based disc bulge measuring 2 to 3 mm. There is mild central canal stenosis and mild bilateral neural foraminal narrowing, greater on the left than the right. There also is mild foraminal narrowing at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 LUMBAR SPINE FOR DESENSITIZATION OF CRPS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Physical Medicine Treatment.

Decision rationale: According to the Official Disability Guidelines (ODG) regarding rehabilitation, "(a) early stages: Build a therapeutic alliance. Analgesia, encouragement and education are key. Physical modalities include desensitization, isometric exercises, resisted range of motion, and stress loading. If not applied appropriately, PT may temporarily increase symptoms, particularly if too aggressive. (b) Next steps: Increase flexibility with introduction of gentle active ROM and stretching (to treat accompanying myofascial pain syndrome). Other interventions to enhance participation in rehabilitation may include muscle relaxants, trigger point injections and electrical stimulation (based on anecdotal evidence). Edema control may also be required (elevation, retrograde sympathetic blocks, diuretics and adrenoceptor blockers when sympathetically maintained pain-SMP is present). (c) Continued steps: Continue active ROM, stress loading, scrubbing techniques, isotonic strengthening, general aerobic conditioning, and postural normalization. (d) Final steps: Normalization of use, assessment of ergonomics, and posture and modifications at home and work." The submitted records fail to establish the presence of Chronic Regional Pain Syndrome (CRPS). Agreed medical examination dated 11/12/13 indicates that on neurological examination of the lower extremities proximal and distal motor strength is grossly normal. Sensation is intact throughout. Deep tendon reflexes are symmetrical in the lower extremities. Diagnoses are status post lumbar disc replacement surgery, and right lumbar radiculopathy. There are no specific, time-limited treatment goals provided. The request is excessive as the Official Disability Guidelines would support an initial trial of 6 visits of physical therapy to establish efficacy of treatment. Therefore, the request for physical therapy twice a week for six weeks for the lumbar spine and desensitization of CRPS is not medically necessary and appropriate.