

Case Number:	CM14-0009000		
Date Assigned:	01/29/2014	Date of Injury:	12/28/2010
Decision Date:	07/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 52 year old male who reported an injury on 12/28/2010. The injured worker was seen for a follow up clinical evaluation on 11/19/2013 and had complaints of pain in the back, tightness in the morning that sometimes lasts all day. There was disc degeneration at L5-S1 and he is status post microscopic discectomy. He had no compression noted on the MRI. Upon physical examination the injured worker had spinal pain with extension and rotation. He had no focal deficits, 1+ pulses, good range of motion of the hips, knees and ankles. In addition he had no motor deficits but still had some radicular pain and spasm across the lumbar spine and decreased range of motion in that region. The treatment plan is for a bilateral lumbar facet block at L5-S1 and bilateral lumbar caudal epidural injection at L5- S1 followed by post injection physical therapy two times a week for four weeks. The request for authorization for medical treatment was not furnished with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-INJECTION PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The Official Disability Guidelines recommend 1-2 visits of physical therapy status post epidural steroid injection. The request for post injection physical therapy is not supported by objective findings of functional deficits. The most recent physical evaluation does not indicate a pain rate, medications used to relieve pain or range of motion values. There is no indication that the proposed epidural steroid injection has been authorized or completed. In addition, the request for 8 sessions of physical therapy exceeds guideline recommendations. As such, the request is non-medically necessary and appropriate.