

Case Number:	CM14-0012626		
Date Assigned:	02/21/2014	Date of Injury:	04/30/2008
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, 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 Physician 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 is a 32-year-old male with a 4/30/08 date of injury. He was lifting a heavy package when he felt a "pop" in his lower back. On 12/6/13, the patient states he continues to have pain in his lower back. Patient is using an H-wave unit. Objective exam shows tenderness and muscle spasm to his lumbar spine with associated trigger points. He has decreased range-of-motion of the lower extremities. The treatment plan notes L4-S1 ESI x 2. Diagnostic Impression: Thoracic or Lumbosacral Radiculitis. Treatment to date: physical therapy, medication management, lumbar medial branch blocks on 8/2/11, lumbar ESI at L4, L5, S1 on 8/17/10. A UR decision dated 12/24/13 denied the request because the patient has had physical therapy in the past for this 5 year old injury with no indication of benefit. Repeating this is not indicated as the injections are not indicated as medically necessary. The patient should be capable of performing a home exercise program at this point in order to maintain function.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) POST INJECTION PHYSICAL THERAPY VISITS THREE (3) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 99.

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 Guidelines.

Decision rationale: The California MTUS guidelines do not address this issue. The ODG supports 1-2 sessions of physical therapy over 1 week for post-injection physical therapy. However, this request is for 9 total sessions of physical therapy after a lumbar epidural steroid injection, which far exceeds guidelines recommendations. In the prior UR decision, it is also noted that the lumbar ESI itself was not found to be medically necessary. If the lumbar ESI was not certified, then the associated post-injection physical therapy cannot be substantiated. Therefore, the request for 9 Post Injection Physical Therapy Visits 3 times a week for 3 weeks was not medically necessary.