

Case Number:	CM14-0014130		
Date Assigned:	02/26/2014	Date of Injury:	10/11/2011
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 25-year-old male who reported an injury on 10/11/2011. The injured worker had a physical examination on 12/20/2013. The injured worker complained of frequent midback pain rated at an 8/10 and frequent low back pain rated at an 8/10 with radiation to the bilateral lower extremities and buttocks, worse in the right than the left. The injured worker adds that his midback and his low back pain feel the same since his last visit. The injured worker's current medications included Medrox patches, topical creams and Norco. He was not attending physical therapy at the time of the exam. He had undergone a high volume epidural steroid injection at L4-5 on 09/26/2013, which provided him with 60% symptomatic relief for 2 weeks. The physical examination reveals a positive straight leg raise bilaterally. Motor strength is 5/5. Sensory examination revealed decreased sensation to light touch over the posterior aspect of the calf. The diagnosis made at the evaluation included grade I spondylolisthesis at L5-S1 with disc height collapse and right lower extremity radiculopathy. In addition, the injured worker had a diagnosis of cervical spine musculoligamentous sprain/strain and a last diagnosis of right L4-5 and bilateral L5-S1 foraminal narrowing and foraminal disc bulges. The treatment plan includes the injured worker as recommended to have a second high volume epidural steroid injection at L4-5. The treatment plan also includes a trial of acupuncture therapy 2 times a week for 6 weeks. A urine drug test was performed, and the results sent out for final confirmation. Medications prescribed on the day of this evaluation include a topical anti-inflammatory cream and ibuprofen 800 mg. The injured worker will return for a followup appointment on 01/24/2014. A Request for Authorization of Medical Treatment was not furnished with the documents submitted for this review. A rationale for the decision for physical therapy for 12 sessions to the lumbar spine was also not furnished with the documentation submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS (LUMBAR SPINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: According to the physical examination on 12/20/2013, the injured worker is beginning conservative care for low back pain. The physical examination fails to indicate any significant functional deficits that would require physical therapy at this time. It is also unclear as to how many sessions of physical therapy have been used by the injured worker, who has documented physical therapy submitted with this review. The California MTUS Chronic Pain Medical Treatment Guidelines do allow for physical medicine. The guidelines allow for 8 to 10 visits over 4 weeks. The request for physical therapy for 12 sessions is excessive. The documentation fails to support the functional deficits of the injured worker. Therefore, the request for physical therapy for 12 sessions to the lumbar spine is not medically necessary.