MAXIMUS Federal Services

Case Number:	CM14-0015853		
Date Assigned:	03/05/2014	Date of Injury:	10/23/2005
Decision Date:	12/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurology, 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 (IW) is a 64 year old female with a date of injury of 10/23/05. The injury is described as acute low back pain that occurred while lifting a case of water. The IW initially reported radicular symptoms in the left lower extremity. The IW eventually underwent a lumbar laminectomy at L4-L5 with a bilateral foraminotomy, discectomy and fusion on 10/26/06. Despite having the lumbar spinal surgery, the IW is still reporting constant low back pain with moderate to severe pain depending on the activity. Per the exam from the office visit dated 11/12/14, her motor exam is only notable for decreased power in the left hip flexor secondary to pain. Her sensory exam is notable for decreased sensation in the L4 dermatome of the left lower extremity. She is also reported to have a positive straight leg raise on the left side. The IW reports she has been participating in a self-directed walking program and is reported to be able to walk between thirty minutes up to forty five minutes based on the documentation provided. The IW did report she had to suspend her walking program secondary to increased back pain in October of 2014. The IW has been treated for her chronic pain for several years with narcotics. The IW is currently taking Norco 5/325 three times a day as needed for pain control. The IW is participating in a pain contract with her treating physician. There is no prior documentation reporting whether or not the IW has ever participated in physical therapy for her chronic back pain even back to the time of the injury or around the surgery. A previous request for eight sessions of physical therapy and a rollator walker with seat to lumbar was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy Eight (8) Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Although the IW is nine years out from her date of injury and is now eight years status post-surgery, she is still reporting low back pain. Based on her physical examination, her exam is consistent with a left lower extremity radiculopathy. In addition, there is no report provided to state whether or not she has participated in physical therapy in the past. Per the chronic pain medical treatment guidelines, the use of physical medicine is recommended for the treatment of Neuralgia or a radiculitis (in her case the pain in her left hip flexor and her loss of sensation could be classified as such) is recommended for eight to ten visits over a four week period. The request for Eight Sessions of Physical Therapy is medically necessary.

Rollator Walker with Seat to Lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Knee chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Per the online disability guide, the need for a walking aid (in this case a rollator walker) is based on disability, pain, and age-related impairments. In this particular case, the IW was previously involved in a self-motivated walking program until October of 2014. She then developed an exacerbation of her back pain that limited her ambulation. Since her back pain is limiting her ambulation, the use of a walker for assistance is medically necessary.