

Case Number:	CM14-0128357		
Date Assigned:	08/15/2014	Date of Injury:	02/02/2002
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 73 year old with a work injury dated 2/2/02. The diagnoses include lumbar spine sprain/strain with grade I spondylolisthesis of L4 on L5 with right neuroforaminal narrowing and L5-S1 small left foraminal disc protrusion with moderate left neuroforaminal narrowing; bilateral lower extremity radicular symptoms. Under consideration is a request for 1 transportation to and from surgery center and 6 physical therapy sessions. There is a primary treating physician report dated 6/25/14 that states that the patient received benefit from the right L4-L5 and L5-S1 transforaminal epidural steroid injection she received on March 27, 2014. She has minimal radicular symptoms in the right lower extremity. The patient complains of left-sided low back and extremity pain. The pain travels to the buttock, posterior thigh, and has gone down to the heel as well as the dorsum of the left foot. She has minimal right-sided symptoms. Right-sided symptoms improved significantly following the epidural steroid injection. On exam the patient has left greater than right myofascial tenderness from L3 through S1. Negative twitch response. She has decreased lumbar range of motion. The patient has tenderness over the left sciatic notch and has a positive straight leg raise on the left at 40 degrees. Negative straight leg raise on the right. Her strength in the anterior tibialis left 5/5 and right 5/5, peroneus longus/brevis left 5/5 and right 5/5, and extensor hallucis longus left 4/5 and right 5/5. Reveals the patient has decreased sensory in the left L5-S1 dermatome. Patella reflex 2+ bilaterally. Achilles left trace and right 1+. There is a request for the patient to undergo left L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. There is a request for transportation to and from the surgery center for the procedure. There is a request for the patient to undergo physical therapy 2 days a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transportation to and from surgery center: Upheld

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

MAXIMUS guideline: The Expert Reviewer did base their decision on the MTUS.

Decision rationale: 1 transportation to and from surgery center is not medically necessary per the 9292.21 Medical Treatment Utilization Schedule this is not considered medical treatment. The MTUS is intended to assist in the provision of medical treatment by offering an analytical framework for the evaluation and treatment of injured workers and to help those who make decisions regarding the medical treatment of injured workers understand what treatment has been proven effective in providing the best medical outcomes to those workers, in accordance with section 4600 of the Labor Code. This service is not under a medical review decision and therefore this non certification does not mean that the service is not necessary, but rather that this service has not been medically proven effective for the patient's condition. Therefore, the request for 1 transportation to and from surgery is not medically necessary.

6 physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines, Low Back-Lumbar and Thoracic (Acute & Chronic).

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

Decision rationale: 6 physical therapy sessions are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had numerous sessions of physical therapy without evidence of functional improvement therefore the request for 6 physical therapy sessions are not medically necessary.