

Case Number:	CM14-0132695		
Date Assigned:	09/29/2014	Date of Injury:	11/05/2013
Decision Date:	12/08/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine, Pulmonary Disease, and is licensed to practice in California, Florida, and NY. 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 31-year-old male with a reported injury on 11/05/2013. The injury reportedly occurred when he turned while pulling a loaded dolly. The injured worker's diagnoses include musculoligamentous strain/sprain of the lumbar spine, retrolisthesis at L4-5, herniated nucleus pulposus of the left side of L4-5 with compression of the left L5 nerve root, and left lower extremity L5 radiculitis. The injured worker's past treatments included medications, physical therapy 12 sessions, work modifications, chiropractic care, and heat and cold therapy. The injured worker has declined an epidural steroid injection. The injured worker's diagnostic testing included plain x-rays that were grossly within normal limits and an MRI scan of the lumbar spine on 01/14/2014 which documented a retrolisthesis at L4-5 with left sided disc protrusion and compression of the left L5 nerve root. There was bilateral foraminal stenosis at L4-5 and foraminal stenosis and disc protrusion at L5-S1. No pertinent surgical history was provided for review. The injured worker was evaluated on 09/11/2014 for his complaint of severe left leg pain. The clinician observed and reported tenderness and decreased range of motion of the lumbar spine with spasms. There was decreased sensation along the L4-5 dermatomal distribution. The straight leg raise was positive to the bilateral lower extremities. The clinician recommends surgery for an anterior lumbar interbody fusion at L4-5 and L5-S1. However, the injured worker requested a second opinion. On 07/23/2014, the injured worker's straight leg raise was positive on the left only. His lumbar range of motion was measured at 20 degrees of flexion, 15 degrees of sacral flexion, 10 degrees of extension, 5 degrees of sacral extension, and 10 degrees of bilateral lateral bending. There was pain on lumbar range of motion. Lower extremity strength was measured as 5/5 throughout. There was decreased sensation on the left along the L5 dermatomal distribution. Reflexes were normal bilaterally. The injured worker's medications included orphenadrine and etodolac. The request was for

physical therapy x12 visits lumbar spine. The rationale for the request was for the treatment of disc displacement without myelopathy in the lumbar and lumbosacral and lumbar/lumbosacral degenerative disc. The Request for Authorization form was provided but the date is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Quantity 12 Visits Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ACOEM-Low Back; Table 2. Summary of Recommendations, Low Back Disorders

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

Decision rationale: The request for physical therapy x12 visits lumbar spine is not medically necessary. The injured worker continued to complain of left leg pain. The California MTUS Chronic Pain Guidelines do recommend active physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The physical medicine guidelines allow for fading treatment frequency. For neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are recommended. The injured worker has completed 12 visits of physical therapy, which exceeds the recommended number of visits. While the injured worker's flexibility was limited in the lumbar spine, his strength measured within normal limits. The clinician indicated that as of 07/23/2014, the injured worker declined any invasive treatments such as an epidural steroid injection or surgical treatment and as such the injured worker has reached maximum medical improvement. Therefore, the request for physical therapy x12 visits lumbar spine is not medically necessary.