

Case Number:	CM14-0150183		
Date Assigned:	09/18/2014	Date of Injury:	02/27/2013
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 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 claimant injured his low back on 02/27/13 while lifting large objects. Physical therapy for the lumbar spine is under review. Physical therapy was ordered for his low back on 05/28/13 for 9 visits. An MRI on 06/09/13 revealed wedging of 20% of the anterior L1 vertebral body. There was partial disc desiccation at T12-L1. The other levels were normal. An MRI in November 2013 demonstrated a likely acute L1 compression fracture. An EMG/nerve conduction study of the lower extremities dated 03/26/14 was negative for radiculopathy. On 04/22/14 he was encouraged to engage in non-strenuous aerobic activity. He attended PT for his low back this year and had 9 physical therapy visits as of 05/31/14 and another 8 visits of PT were ordered. He had ongoing intermittent low back pain with radiation to the left lower extremity and a burning sensation and tingling to the lower extremities/feet. There was decreased sensation to the left lower extremity. He was evaluated on 05/15/14. He still had low back pain. This was being treated conservatively and the fracture had. MRI showed no significant evidence for neural foraminal stenosis, disc herniation or central canal stenosis. He returned to work without restrictions. On 06/04/14, he had an initial orthopedic evaluation. He is also status post right carpal tunnel syndrome release surgery on 03/12/14. He complained of pain in his hands and wrists and intermittent moderate pain in the low back radiating to both legs that was worse on the left side. He had numbness and tingling sensations to the left foot. He was taking several medications. There was some increased tone and tenderness about the neck and upper back and shoulder region. He had full range of motion and no neurologic deficits. He had tenderness over the surgical site of the right hand. He had increased tone and tenderness of the low back region with muscle spasms. There were no focal neurologic deficits. He had some hamstring tightness. Physical therapy was recommended. The diagnosis was lumbar strain with radicular complaints and MRI evidence of disc bulge/facet arthropathy. On 05/29/14, a provider's note indicates he

completed 7 visits of postop therapy after the carpal tunnel release. On 06/10/14, he continued to have complaints of pain in the low back with stabbing and radiating down both legs. His pain was unchanged since his last visit. He had diffuse tenderness and severe facet tenderness was noted. An L4-5 selective epidural catheterization was recommended. He had failed conservative treatment in the form of physical therapy. L4-L5 medial branch blocks were under consideration. He received refills of his medications. On 05/27/14, he remained symptomatic. He reported constant pain in his low back and down his leg with numbness and tingling to his toes and a needle-sticking sensation in his toes. His pain had increased since his last visit. He had an antalgic gait to the left side. There was diffuse tenderness and moderate facet and SI joint tenderness. Straight leg raises were positive bilaterally. He had decreased sensation on the left at L4 and L5. An MRI was awaited and surgery for possible kyphoplasty at L1 was under consideration. He still had moderate to severe low back pain radiating to the left lower extremity and some decreased sensation in the L4 and L5 dermatomes on the left. An MRI of the lumbar spine dated 05/30/14 revealed a desiccated disc at L4-5 with a 2 mm bulge and mild bilateral neural foraminal narrowing. There was mild hypertrophic facet degenerative change. There was a disc herniation at L4-L5 and S1 without significant neuroforaminal stenosis. Diagnostic L4-5 and L5-S1 transforaminal epidural steroid injections were recommended. On 07/30/14, PT was recommended for 8 visits for the lumbar spine and both wrists. He was also referred for consultation with a surgeon regarding his low back. PT was also recommended by the same provider on 07/02/14. The claimant had tenderness with muscle spasms and decreased sensation to pinprick and soft tissue with soft touch on the left leg throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment, Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for additional PT for the lumbar spine at an unknown frequency and duration. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes are not clear as to the claimant's treatment for his low back, but it appears that he did attend a course of supervised rehab. His response to treatment is unclear. Surgery has since been recommended as a consideration but the status of that recommendation is also unclear. It appears that he attended what should have been a reasonable number of PT visits and the provider indicated that he had failed conservative care and the anticipated benefit to the claimant of additional PT has not been established. There is no clinical information that warrants the continuation of PT at an unknown frequency and duration.

There is no evidence that the claimant is unable to complete his rehab with an independent HEP. The medical necessity of this therapy for the lumbar spine has not been clearly demonstrated.