

Case Number:	CM14-0154126		
Date Assigned:	09/23/2014	Date of Injury:	11/18/2004
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain 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 injured worker is a 51-year-old male who was injured on November 18, 2004. The diagnoses listed as degeneration of lumbar or lumbosacral intervertebral disc. The most recent progress note dated 8/22/14, reveals complaints of mid and upper back pain. Physical examination reveals fused L3 to S1 and degenerative disc disease at L1 to L3. A progress note dated 7/24/14 reveals complaints of back pain, muscle pain and muscle cramps. Pain is rated a 7/10 (VAS) visual analog scale with medications and without medications pain is a 10/10. The pain medications continue to provide increased function compared to without medication was documented. Physical examination reveals mild distress, fatigued and in moderate pain, global antalgic slowed gait, stooped gait assisted by cane, thoracic spine: paravertebral muscle tenderness and tight muscle band is noted on both sides, no costo-chondral joint tenderness noted, lumbar spine: reveals loss of normal lordosis with straightening of the lumbar spine and surgical scars, range of motion is restricted with flexion limited to 40 degrees limited by pain, right lateral bending is limited to 20 degrees and left lateral bending limited to 25 degrees, on palpation paravertebral muscles hypertonicity spasm tenderness tight muscle band and trigger point (twitch response was obtained along with radiating pain on palpation) is noted on both sides, spinous process tenderness is noted on L4 to L5, unable to walk on heel or toes, lumbar facet loading is positive on both sides, straight leg raising test is negative, Babinski's sign is negative, all lower extremity are equal and symmetric, tenderness noted over the sacroiliac spine, motor testing is limited by pain, no involuntary movements are noted, no evidence of edema, and no evidence of varicosities. The injured worker reports his pain has decreased. Prior treatment includes oral medications, percutaneous Medtronic 8 contact SCS electrode placement in the epidural space for SCS trial, Transforaminal LESI (lumbar epidural steroid injections) left, right LESI L5, Left L4 on 12/22/10, and Left TFLESI 8/18/10, LESI L4 to L5 4/7/10; EMG/NCS

4/3/09. Current medications include Norco 10/325 milligram tablets one every four to six hours as needed, Avinza 60 milligram tablets one daily, Cymbalta 30 milligrams capsules one daily, Nortriptyline Hcl 25 milligram capsules one to two at bedtime, Baclofen 10 milligram tablets one three times a day for muscle spasms, Gabapentin 600 milligram tablets four a day (one every morning, one every afternoon, two at bedtime) with reported 50% decrease in radicular pain traveling down right leg, Prilosec 20 milligrams one daily. Failed medications include Trazodone, Ambien, Flexeril and Zanaflex, effective although with potential irritability. Most recent MRI dated 3/3/10, reveals bulging at L1 to L2 without dural sac compression, significant bulging at L3 to L4 with annular tear, right neural foramina is completely occluded spinal stenosis, L4 to L5 marked bulging of annulus with left central herniated fragment and bilateral foraminal encroachment at L5 to S1. The injured worker is totally temporary disabled, permanent and stationary. A prior utilization review determination dated 9/5/2014 resulted in denial of physical therapy three times a week for four weeks for the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy (PT)

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

Decision rationale: The injured worker has a longstanding injury from 2004 and has previously completed physical therapy, but there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Functional benefit or return to work as a result of prior physical therapy sessions is not documented. MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Records indicate the injured worker has a home exercise program. As such, the requested physical therapy 3 times a week for 4 weeks for the lumbar is not medically necessary.