

Case Number:	CM14-0154159		
Date Assigned:	09/23/2014	Date of Injury:	08/04/2010
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
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 Management 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:

This is a female patient with the date of injury of August 4, 2010. A Utilization Review was performed on August 27, 2014 and recommended non-certification of physical therapy QTY: 8 and CT disco gram L4-5 and L5-S1. A Progress Report dated August 12, 2014 identifies current Complaints of low back pain with radiation of pain and numbness in the right lower extremity going to her foot. Objective Findings identify gait is significantly antalgic with the use of a single point cane, tenderness to palpation to lumbar paraspinals and facet joints, positive facet challenge bilaterally in the lumbar spine, decreased range of motion in all planes and decreased sensation right L4, L5, and S1 dermatomes. Motor exam 5-/5 left tibialis anterior, 4+/5 bilateral EHL, 5-/5 right inversion, plantar flexion, and eversion. Diagnoses identify HNP L5-S1, thoracic sprain, lumbar radiculopathy, possible CSF posterior to thoracic cord, and facet arthropathy of the lumbar spine. Treatment Plan identifies request CT disco gram L4-5, L5-S1 with L3-4 as the control, physical therapy 2 times a week for 4 weeks to the lumbar spine. It is noted that surgery would likely involve a fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy quantity 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy quantity 8.00, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for an initial trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy quantity 8.00 is not medically necessary.

Computerized tomography discogram L4-5 and L5-S1 quantity 1.00: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography

Decision rationale: Regarding the request for computerized tomography discogram L4-5 and L5-S1 quantity 1.00, Occupational Medicine Practice Guidelines state discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. Within the medical information made available for review, there is documentation of back pain of at least three months duration, failure of conservative treatment, and the patient is considered a candidate for surgery. However, evidence based guidelines state there is a lack of strong medical evidence supporting discography. ODG supports only single level testing with one control level. There is no documentation of satisfactory results from a detailed psychosocial assessment and the patient has been briefed on potential risks and benefits from discography and surgery. In the absence of such documentation, the currently requested computerized tomography discogram L4-5 and L5-S1 quantity 1.00 is not medically necessary.

