

Case Number:	CM14-0169575		
Date Assigned:	10/17/2014	Date of Injury:	04/26/2014
Decision Date:	11/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 and 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:

This is a patient with a date of injury of 4/26/14. A utilization review determination dated 10/6/14 recommends non-certification of TESI. PT was modified from 6 sessions to 4 sessions. 6 PT sessions were completed without much benefit, but they did not involve strengthening exercise, but rather only modalities. 10/2/14 medical report identifies back pain with radiating right buttock and thigh pain. He has yet to be authorized for any injections or PT. He does have a significant instability issue in his low back which continues to debilitate him. On exam, motor exam is intact, SLR is negative, and sensation is intact. ROM is limited due to pain. Recommendations include injections and PT. 7/24/14 MRI report notes bilateral pars defects and grade 1 anterolisthesis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the provider notes that no PT has been authorized, while the utilization review report identifies that 6 PT sessions have been completed, but only passive modalities were done. Regardless, it does not appear that the patient has had a trial of appropriate physical therapy, which would consist of active exercises rather than passive treatment. In light of the above, the currently requested physical therapy is medically necessary.

TESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections ESIs Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy and the patient has pending conservative treatment with PT. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.