

Case Number:	CM14-0173855		
Date Assigned:	10/27/2014	Date of Injury:	08/11/2014
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a request for physical therapy for the lumbar spine and an orthopedic spine surgery consultation, stating that the attending provider has failed to furnish a narrative report which would support or substantiate the request. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg, 3/10. The applicant was able to walk about 20 feet, it was stated. It was stated that the applicant had consulted a spine surgeon, who recommended epidural injection therapy. The attending provider noted that the applicant had a moderate antalgic gait and was severely obese, with a BMI of 38. The applicant was diabetic. The applicant was not working, it was acknowledged. Motrin and Tylenol were refilled. The applicant was asked to remain off of work. The attending provider alluded to the applicant's having had a lumbar MRI demonstrating multilevel lumbar degenerative disk disease with a varying degree of spinal stenosis of uncertain significance. In a September 24, 2014 spine surgery consultation, the applicant reported ongoing complaints of low back pain radiating to the left leg. Paresthesias about the left leg were note. The applicant had had six to eight prior sessions of physical therapy, it was noted, which had provided some relief. The applicant had, however, been off of work since the date of injury, it was suggested. The applicant was using glipizide, metformin, Lantus, NovoLog, and diltiazem, it was stated in another section of the note. The spine surgeon alluded to the applicant's having had lumbar MRI imaging demonstrating multilevel spinal stenosis at L4-L5 and L5-S1 with

spondylolisthesis at the L4-L5 level. The attending provider stated that he felt the applicant's radicular complaints were consistent with MRI findings. Epidural steroid injection therapy was endorsed, along with prescriptions for Mobic and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines 9792.20f.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon a treating provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, clear treatment goals have not stated or furnished. The request is imprecise. It is not clear how much therapy was/is being sought here. The information on file, furthermore, suggested that the applicant has had six to eight prior sessions of physical therapy and has failed to profit from the same. The applicant remains off of work, on total temporary disability. The fact that a spine surgery consultation was sought likewise implied that the previous conservative treatment, including the prior physical therapy was, in fact, unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for Additional Physical Therapy in unspecified amounts is not medically necessary.

Orthopedic Spine Specialist for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 310, it is "recommended" that surgical options are discussed with applicants who have persistent and severe sciatica and clinical evidence of nerve root compromise in whom symptoms have persisted after four to six weeks of conservative therapy. In this case, the applicant did, in fact, have persistent radicular complaints which had proven recalcitrant to several weeks of conservative treatment with time, medications, and physical therapy, etc. The applicant had reportedly had MRI imaging of the lumbar spine which did demonstrate evidence of a lesion amenable to surgical correction. The spine surgery consultation at issue was indicated to determine the applicant's need for surgical intervention. Therefore, the request is medically necessary.

