

Case Number:	CM14-0026540		
Date Assigned:	06/13/2014	Date of Injury:	12/08/2004
Decision Date:	09/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 64 year old female injured on 12/08/04 due to undisclosed mechanism of injury. Current diagnoses included low back pain status post lumbar laminectomy and fusion at L4-S1 on 02/26/08. Prior treatments included physical therapy, epidural steroid injections, and medication management. Clinical note dated 02/12/14 indicated the injured worker presented complaining of low back pain radiating into the left lower extremity with numbness and tingling. The injured worker rated her pain 6-7/10. The injured worker indicated recent increased use of tramadol and Flexeril due to increase in discomfort. Physical examination revealed 5/5 motor strength, trace reflexes for patella and absent Achilles tendon bilaterally, sensory examination showed slight area of decreased sensation to light touch over the left lateral calf, injured worker capable of walking on toes and heels, negative Homan sign, and gait was normal. Treatment plan included series of epidural steroid injections, initiation of gabapentin, and renewal of tramadol. Initial request for consultation with [REDACTED] and physical therapy 12 visits three times a week for four weeks was initially non-certified on 2/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines-online version, Low back Complaints, page(s) Follow-up visits.

Decision rationale: Current guidelines indicate consultation visits should be based on the severity and acuity of the injured worker's injury. It is difficult to determine the medical necessity of the consultation with [REDACTED] without knowledge of his/her specialty and the reason for the consultation. As such, the request for consult with [REDACTED] is not medically necessary.

Physical Therapy 12 visits 3 times per week for 4 weeks: Upheld

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

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

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 1-2 visits over 1 week for post-injection treatment and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker was approved for one epidural steroid injection which would allow for a series of 1-2 physical therapy visits. The request as presented is for 12 sessions, is not medically necessary.