

Case Number:	CM14-0030917		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2013
Decision Date:	09/24/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedics and is licensed to practice in Arizona. 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 43-year-old male sustained a lumbar spine injury on 1/24/2013 but there is no information available on methodology of the incident. This led to ongoing low back pain and pain down the right calf rated initially as 7/10 as well as numbness and tingling down the right leg rated as ranging from 7/10 -8/10 [according to Visual Analogue Scale]. He was seen initially on 7/1/2014 but no documentation of his initial status was available. First well-documented consult was on 7/29/2013. During last assessment [1/27/2014] he complained that his pain rated as 8/10 and pain medications did not alleviate recent onset of headaches, dizziness and painful range of neck motion rated as 7/10 [V.A.S.] since the epidural injection on 11/15/2013. He also presented local neck tenderness and lumbar findings unchanged from previous assessment. Physical examination initially revealed tenderness of lumbar paraspinal muscles on both sides, decreased range of motion and abnormal nerve root tension [seated SLR at 80 degrees reproduce pain thigh/knee right side] and compression signs [motor power normal at 5/5, sensation intact and deep tendon reflexes 2+ & symmetrical]. These findings were found to be back to normal at time of assessment on 1/20/2014 [both nerve compression and tension signs]. Diagnostic studies consisted of plain views [done 2/1/2013] showed most likely age-related degenerative changes in the lumbar spine and MRI [done 2/26/2013] revealed L4-5 disc extrusion narrowing the right L5 lateral recess with impingement of the right L5 nerve root. The patient was also diagnosed having high blood cholesterol and pre-diabetes. He was also diagnosed as suffering from a lumbar strain, lumbar disc degeneration and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 1 time a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure Summary last updated 12/27/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical methods Page(s): 299-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine, Physical therapy.

Decision rationale: The Chronic Pain MTUS states physical medicine [10 visits] plus instruction on self-directed home exercise is adequate for post epidural spine injection phase [I would presume for pre-existing low back symptoms]. Home exercise instruction can usually be accomplished in 2 visits and he had instructions previously. The documentation regarding the results of physical therapy was fairly scanty in the documentation received. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. The Official Disability Guidelines (ODG) also states that a 10 treatment regime is adequate exposure for the patient to acquire the skills required as well as for instructions on an effective home program. As regards post-E.S.I usage of physiotherapy it appears that most randomized controlled trials have utilized an ongoing, home directed program post injection. The patient should continue to follow a home exercise program after receiving the benefits of the epidural injection. Treatment should consist of a progressive exercise program first emphasizing flexibility and aerobic exercises and progressing to strengthening treatment frequency of 1 to 3 visits a week up to a maximum of 12 visits, to include instructions on a home exercise program. The request is not medically necessary.