

Case Number:	CM14-0038769		
Date Assigned:	06/27/2014	Date of Injury:	03/08/2012
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, 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:

The injured worker is a 26 year old male who reported an injury to his low back. The initial incident occurred while lifting boxes in March of 2012. The MRI of the lumbar spine dated 10/23/12 revealed a large central disc extrusion at L4-5. Mild right and moderate left foraminal narrowing was identified secondary to the disc bulge. A 2mm retrolisthesis was also revealed. A large left paracentral disc protrusion was also identified compressing the left S1 nerve root at L5-S1. The clinical note dated 11/05/12 indicates the injured worker complaining of 8/10 pain on the visual analog scale. The pain was identified bilaterally throughout the lumbar region. The injured worker stated that bending, lifting, and sneezing all exacerbated his pain. Sensation deficits were identified in the right L4 and L5 distributions. The injured worker was also identified as having a positive straight leg raise at 60 degrees. The operative report dated 05/23/13 indicates the injured worker undergoing an L4 through S1 epidural injection. The therapy note dated 01/28/14 indicates the injured worker having completed 10 physical therapy sessions to date. The clinical note dated 02/07/14 indicates the injured worker continuing with ongoing symptoms in the low back. There is an indication the injured worker has shown some improvement through the course of physical therapy. The clinical note dated 03/21/14 indicates the injured worker continuing with ongoing complaints of low back symptoms. The injured worker was recommended for an additional 12 physical therapy sessions at that time. The clinical note dated 05/05/14 indicates the injured worker complaining of constant moderate to severe pain in the right side of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy (PT).

Decision rationale: The documentation indicates the injured worker complaining of low back pain. There is an indication the injured worker has completed a course of 10 physical therapy sessions to date. There is also an indication that the injured worker has shown some improvement through the initial course of treatment. However, no objective data was submitted confirming the injured worker's functional improvement through the course of treatment. Additionally, upon completion of a full course of conservative therapy, it would be reasonable to expect the injured worker to progress to a home exercise program. No information was submitted regarding the injured worker's ongoing home treatments. Given these factors, the request is not indicated as medically necessary.