

Case Number:	CM14-0046205		
Date Assigned:	06/27/2014	Date of Injury:	06/10/2013
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The patient is a 60-year-old male with a 06/10/2013 date of injury. Records dated 12/10/2013, 01/23/2014, as well as 03/03/2014 all indicate low back pain levels of 8/10, with pain radiating down the right anterior and posterior thigh into the dorsal and plantar aspect of the foot. The progress report of 12/10/13 notes positive straight leg raise test on the right at 40 degrees. The patient underwent lumbar ESI on 02/03/2014. A 07/18/13 MRI reveals L1-2 2mm retrolisthesis, 3-mm disk bulge; L2-3 2mm retrolisthesis, 3 to 4-mm disk bulge with mild bilateral foraminal narrowing; L3-4 2-mm retrolisthesis, 3 to 4 mm disk bulge; L4-5 acute Schmorl's node, 5-mm posterior disk protrusion extending into bilateral foraminal zones with moderate bilateral foraminal narrowing. Mild central canal stenosis measuring 9 mm, bilateral facet joint hypertrophy. L5-S1 3-mm retrolisthesis, 5-mm posterior disk protrusion, moderate to severe foraminal narrowing, severe bilateral facet joint hypertrophy. The diagnosis include right cervical radiculopathy with sensory loss, right shoulder impingement with AC joint degeneration, right leg radiculopathy with weakness, L4-5 and L5-S1 stenosis, right knee lateral meniscal tear status post partial lateral meniscectomy. The medications include Norco, atorvastatin, hydrocodone, tramadol, Vicodin. The request is for physical therapy 2 times a week for 4 weeks to the Lumbar after lumbar epidural steroid injection (LESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 4 weeks Lumbar after LESI (lumbar epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back (updated 02/13/14) Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Post-injection treatment: 1-2 visits over 1 week.

Decision rationale: The ODG PT guidelines for post-injection treatment are limited to 1-2 visits over 1 week. The request for PT 2 times a week for 4 weeks does not meet the guideline criteria. Recommendation is for denial. As such, the request is not medically necessary.