

Case Number:	CM14-0052720		
Date Assigned:	07/09/2014	Date of Injury:	09/27/2012
Decision Date:	09/26/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

This is a 39-year-old who sustained injury to his lower back on September 27, 2012 due to repetitive duties as a painter. Treatment history includes medications and physical therapy. A progress report dated February 11, 2014 indicates he presented with complaints of lower back pain radiating down the bilateral lower extremities. X-ray of the lumbar spine demonstrated loss of lordosis, limited range of motion and narrowing at L4-5 and L5-S1. MR dated 12/06/2013 showed mild disc protrusion at L5-S1 and L4-5. Patient underwent EMG/NCS of lower extremity on December 3, 2013 that showed positive for L4-5 radiculopathy, greater on the right. On physical exam, range of motion of the lumbar spine was 45 degrees, extension 15 degrees, bending on right and left 20 degrees. Positive SLR at 75 degrees on the right and cross positive at 90 degrees on the left eliciting pain at L5-S1 dermatome distribution. DTRs were 2+ for the knees, absent on the right ankle, and 1+ for the left ankle. There was paraspinal tenderness with paraspinal spasms noted. There was hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature noted at L4, L5, and S1 dermatome level, bilaterally. There was tenderness of the big toe dorsiflexor and big toe plantar flexor, bilaterally. Diagnoses were lumbar spine sprain/strain with positive MRI for herniated lumbar disc with L4-5 radiculopathy and right groin strain/sprain, rule out inguinal hernia. Treatment plan was lumbar ESI, preop labs including CBC, SMA-7, PT, PTT, and INR as well as self-limited and self-modified home physiotherapy program for pain relief and increasing the range of motion. UR dated April 7, 2014 indicates the request for preop labs was denied because of absence of identification of the specific preoperative labs to be tested in a clinical presentation to support the medical necessity of the tests ordered. The request for home physiotherapy program was denied because there is insufficient clinical data available to determine if the home exercise program being requested is a physical medicine or DME that is supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Labs; CBC, SMA-7, PT, PTT, INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual; Preoperative Evaluation; Care of the Surgical Patient; August 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic, Preoperative lab testing.

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. According to ODG guidelines, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." In this case preoperative labs are requested for a 39-year-old with chronic low back pain and radiculopathy. However, the anticipated surgical procedure is not clear. There is no documentation of suspicion or history of significant comorbidity, such as diabetes, renal disease, bleeding disorder, or anemia. Therefore, the request for pre-operative labs (CBC, SMA-7, PT, PTT, INR) is not medically necessary or appropriate.

Home Physiotherapy Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic, Physical Therapy (PT).

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, and ODG guidelines, physical therapy may be recommended for acute exacerbations of chronic low back pain. This is a request for a "home physiotherapy program" for a 39-year-old male with chronic low back and radiculopathy. However, it is unclear if the request is for physical therapy education on a home exercise program or physical therapy in the home. No specific rationale is provided. Further, the patient completed about 12 physical therapy visits in November and December of 2013 with report of no help. Since that point, there is no documentation of acute exacerbation. Rather, the patient's symptoms appear to have gradually

worsened despite physical therapy such that lumbar epidural steroid injection was requested. Therefore, the request for a home physiotherapy program is not medically necessary or appropriate.