

Case Number:	CM14-0070678		
Date Assigned:	07/14/2014	Date of Injury:	11/13/2011
Decision Date:	10/07/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Management 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 53-year-old male who sustained an injury to his back on 11/13/11. Despite modified duty, physical therapy and medication, he did not achieve full recovery. Lumbar magnetic resonance imaging scan from 2/22/12 showed lumbar degenerative disc disease with multilevel disc bulges, canal narrowing, foraminal narrowing and facet hypertrophy with large disc herniations at L4-5 and L5-S1. On 9/13/12 he had right L4 and L5 hemilaminectomies, left L4 and L5 laminoplasties, bilateral L4- 5 and L5- S1 foraminotomies with decompression of bilateral L4, L5 and S1 nerve roots. He initially had 24 physical therapy visits post-operatively and pain had improved after surgery but he continued with low back pain and radiculopathy. He was prescribed Norco for pain and an additional course of physical therapy. He also had 32 physical therapy visits since the surgery. On 3/19/14 he had caudal epidural and right L5 selective nerve root block for status post lumbar surgery with persistent radiculopathy. The injured worker reported 100% relief initially and by the next visit on 4/3/14 he was still 70% improved. From his recent consultation on 5/1/14 it was noted that his back and right leg were comfortable since the injection and now the left leg was painful. He was diagnosed with lumbosacral strain. He is on Nucynta and Vicodin and was also given a prescription for Ultram and physical therapy for the left leg to avoid another epidural injection. The request for 8 sessions of physical therapy 2 x 4 weeks was denied on 5/14/14 as the worker has exceeded guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy 2x for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker is a 53-year-old male who sustained an injury to his back on 11/13/11. Despite modified duty, physical therapy and medication, he did not achieve full recovery. Lumbar magnetic resonance imaging scan from 2/22/12 showed lumbar degenerative disc disease with multilevel disc bulges, canal narrowing, foraminal narrowing and facet hypertrophy with large disc herniations at L4-5 and L5-S1. On 9/13/12 he had right L4 and L5 hemilaminectomies, left L4 and L5 laminoplasties, bilateral L4-5 and L5-S1 foraminotomies with decompression of bilateral L4, L5 and S1 nerve roots. He initially had 24 physical therapy visits post-operatively and pain had improved after surgery but he continued with low back pain and radiculopathy. He was prescribed Norco for pain and an additional course of physical therapy. He also had 32 physical therapy visits since the surgery. On 3/19/14 he had caudal epidural and right L5 selective nerve root block for status post lumbar surgery with persistent radiculopathy. The injured worker reported 100% relief initially and by the next visit on 4/3/14 he was still 70% improved. From his recent consultation on 5/1/14 it was noted that his back and right leg were comfortable since the injection and now the left leg was painful. He was diagnosed with lumbosacral strain. He is on Nucynta and Vicodin and was also given a prescription for Ultram and physical therapy for the left leg to avoid another epidural injection. The request for 8 sessions of physical therapy 2 x 4 weeks was denied on 5/14/14 as the worker has exceeded guidelines recommendations.