MAXIMUS Federal Services

Case Number:	CM14-0164648		
Date Assigned:	11/19/2014	Date of Injury:	04/07/2000
Decision Date:	01/08/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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 & Rehabilitation 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 has a date of injury of 4/7/00. Treatment diagnoses include low back pain status post lumbar spine surgery in 2003 and left ankle strain. Physical examination indicates diminished light touch sensation of the right lower limb, diminished lumbar range of motion limited by pain and bilateral positive straight leg raise test. Treatment includes prescriptions for tramadol and Prilosec. Request is being made for physical therapy for the lumbar spine x12 sessions, lumbar epidural steroid injection and pain medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The injured worker is being treated for chronic low back pain following lumbar surgery. Physical exam demonstrate d during physical therapy indicates impaired lumbar of range of motion and positive straight leg raise testing. For the diagnosis of radiculitis MTUS

guidelines indicates that 8-10 visits over 4 weeks is recommended.The request for 12 visits exceeds MTUS guidelines and is therefore not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

Decision rationale: The injured worker is being treated for chronic low back pain following lumbar surgery. Physical exam demonstrated during physical therapy indicates impaired lumbar of range of motion and positive straight leg raise testing. Criteria for epidural steroid injections for radiculopathy specifies that the diagnosis must be confirmed with the documentation of physical exam findings and concordant imaging studies or electrodiagnostic studies . The documentation provided does not demonstrate evidence of radiculopathy on imaging or electrodiagnostic studies. Request as written is not medically necessary.

Pain medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker Compensation (TWC), Pain Procedure Summary, updated 07/10/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

Decision rationale: The injured worker is being treated for chronic low back pain following lumbar surgery. Records indicate that the patient is taking tramadol. They also indicate red flag evidence reported by the patient of bowel control loss and problems having an erection. For red flags of progressive neurologic deficits, arrangement for appropriate consultation is indicated. The request for pain medicine is medically necessary.