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| Case Number: | CM14-0205921 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 10/15/2013 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 43 year old male sustained an injury on October 15, 2013. The mechanism of injury was not included in the provided medical records. The results of the injury included low back pain with radiating leg pain. Past treatment included activity modifications, and medications including pain, anti-inflammatory, antidepressant, and proton pump inhibitor medications. On June 13, 2014, an EMG (electromyography) and NCS (nerve conduction study) revealed an S1 radiculopathy. On October 17, 2014, the treating physician noted persistent, severe lower back pain that was frequent and becoming worse. The pain radiated down the left leg. The left leg was weak and numb. The injured worker also complained of severe bilateral knee and bilateral hip pain. The physical exam revealed paraspinal tenderness of the lumbar spine, positive Kemp's sign bilaterally and mildly decreased strength and sensation at L4, L5m and S1, that was greater on the left than the right. The left quadriceps muscle had slight atrophy. There was slight decreased range of motion of the bilateral knees with tenderness of the medial and lateral joint lines, decreased left quadriceps strength, and positive valgus and varus tests. Diagnoses were lumbar strain with radiation to the left lower extremity, rule out lumbar radiculopathy; history of a lumbar herniated disc at L5-S1, and left S1 radiculopathy. The physician recommended physical therapy to the lumbar spine two times a week for six weeks and a request for home health care. Current work status is temporarily totally disabled. The medical records refer to the injured worker having attended 3 sessions of physical therapy, but do not provide specific dates of service or results. On November 10, 2014, Utilization Review non-certified a prescription for 12 visits (2xWk x 6x/WK) of physical therapy for the lumbar spine. The physical therapy was non-certified based on lack of documentation of functional deficits of the lumbar spine, and the 12 physical therapy visits exceed 8-10 visits over 4 weeks recommended by the guidelines. Additionally, there was lack of documentation of why the injured worker did not attend the

previously approved 12 visits of physical therapy in December 2013. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain, Physical Medicine Guidelines was cited. On December 17, 2014, an MRI of the lumbar spine revealed a small disc protrusion at L1-2 without significant encroachment on the spinal cord. There is central and left-sided disc protrusion at L5-S1 which is impinging on the thecal sac but is not visibly impinging on the S1 nerves. There was no interval change from the previous MRI of October 24, 2013. 12/30/14 office note documented complaints of low back pain and radiating leg pain, as well as symptoms radiating to the groin. On exam there was tenderness at the lumbosacral junction. Lumbar flexion was 40-50% of normal. Right straight leg raising test was positive. A trigger point injection was performed. IW was placed at temporary total disability through 02/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar spine: Upheld

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

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

Decision rationale: The requested 12 additional PT sessions exceed the MTUS recommendation for up to 10 PT visits for this condition. Based upon an amount of physical therapy exceeding the guideline and lack of documentation concerning results of previous therapy, medical necessity is not established for the requested 12 therapy sessions for the lumbar spine.