

Case Number:	CM14-0218706		
Date Assigned:	01/09/2015	Date of Injury:	07/04/2010
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female sustained an injury on 8/23/07 with subsequent neck and back pain. Magnetic resonance imaging of the cervical spine (8/15/13) showed diffusely degenerated discs without loss of disc height and minor herniations at C3-4, C4-5 and C5-6. Magnetic resonance imaging of the lumbar spine (8/15/13) showed a 2mm annulus bulge with moderate to moderate severe narrowing of the right neural foramina at L5-S1, contact of the exiting L5 nerve root without distortion, minor annular bulge along the left foramina outlet at L3-4 and disc dehydration at L2-3. As of 10/23/14, treatment included 11 sessions of chiropractic physiotherapy, 14 sessions of acupuncture, 3 transforaminal steroid injections and medications. In a PR-2 dated 10/23/14, the injured worker complained of ongoing neck and back pain with radiation and numbness down the right arm into the fingers and down both legs into the toes as well as severe bilateral leg pain. Current diagnoses included HNP L5-S1 with right foraminal narrowing, lumbar and cervical radiculopathy, cervical degenerative disc disease, bilateral carpal tunnel syndrome, left shoulder impingement, right shoulder arthralgia and NSAID induced gastritis. Work status was permanent and stationary. Physical exam was remarkable for a slow, non-antalgic gait, tenderness to palpation to the cervical, thoracic and lumbar paraspinals as well as the left SI joint, decreased sensation to the right C5, C6, C7, L4, L5 and S1 dermatomes, decreased range of motion in all planes to the cervical, lumbar and thoracic spine and diminished motor exam on the right. Motor exam was limited by pain. Bilateral straight leg raise reproduced pain at right L4, L5 and S1 degrees. Slump test was positive bilaterally. Lumbar paraspinal spasm was noted. The treatment plan included Terocin Pain Patch, Amitriptyline

HCL 25 mg, Omeprazole 20 mg, chiropractic physiotherapy to the lumbar spine one times a weeks for six weeks and lumbar corset. On 12/5/14, Utilization Review noncertified a request for 60 capsules of Omeprazole 20 mg, 60 capsules of Nortriptyline HCL 25 mg and 60 tablets of Diclofenac Sodium Extended Release 100 mg, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient was injured on 07/04/10 and presents with lumbar spine pain with tingling in his left leg. The request is for additional physical therapy for the lumbar spine, twice weekly for six weeks. There is no RFA provided and the patient is to remain off-work for the time being. The 10/29/14 report indicates that the patient has already had 6 sessions of therapy. The patient is status post-operative lumbar spine discectomy and fusion at L4-L5 and status post microdiscectomy L4-L5. The date of the operation is not provided in the utilization review determination nor in the progress reports provided. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. MTUS Guidelines regarding post-surgical physical therapy for discectomy/laminectomy of the lumbar spine allow for 16 visits over 8 weeks for 6 months post-surgery. In this case, there is no indication of when the patient had his lumbar spine discectomy and fusion at L4-L5 and status post microdiscectomy L4-L5. He has 6 sessions of physical therapy to date. MTUS post-surgical guidelines allow up to 16 visits of therapy; however, an additional 12 sessions of therapy to the 6 sessions he has already had exceeds what is allowed by MTUS. The requested physical therapy is not medically necessary.