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| Case Number: | CM15-0002186 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 04/13/2013 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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:

The injured worker is a 60-year-old male who reported an injury on 04/13/2013. The mechanism of injury was due to pushing a trailer with his entire body feeling excruciating pain down the left leg and lower back. The injured worker has diagnoses of status post infectious process following lumbar epidural injections, lumbar degenerative disc disease, lumbar intervertebral disorder, lumbar L5-S1 radiculopathy, lower extremity poorly neuropathy secondary to underlying diabetes condition, thoracic spine disc bulge and right shoulder impingement. Past medical treatment consist of surgery, epidural steroid injection, physical therapy, medication therapy. Medications include Norco, Flexeril, Glipizide, and Coumadin 5 mg. On 05/19/2014, the injured worker underwent MRI of the lumbar spine which revealed enhancing thickening soft tissue in the anterior epidural space at L5-S1. There was fluid in L5-S1 disc. A small area of enhancement and posterior L5-S1 disc, concerning with discitis. On 11/26/2014, the injured worker complained of low back pain. The injured worker rated the pain at a 6/10 via VAS. Physical examination revealed that there was no tenderness to palpation. Range of motion was full. The lumbar back however had decreased range of motion. No spasm, tenderness was exhibited. Extensor hallucis longus was negative bilaterally. Straight leg raise was positive on the right. The faber test was negative bilaterally. Medical treatment plan was for the injured worker to continue with physical therapy and medication therapy. Rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 4 Sessions (Lumbar Spine): Upheld

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

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

Decision rationale: The request for Physical Therapy: 4 Sessions (Lumbar Spine) is not medically necessary. The California MTUS Guidelines recommend physical medicine in helping with controlling swelling, pain, inflammation during the rehabilitation process. The guidelines recommend 8 to 10 visits over 4 weeks. It was indicated in the submitted documentation that the injured worker had undergone physical therapy. However, it did not indicate how many sessions the injured worker has completed to date. Additionally, the physical therapy progress notes that were submitted were not legible. In the absence of the documentation regarding physical therapy, the request cannot be established. As such, the request is not medically necessary.