

Case Number:	CM15-0182576		
Date Assigned:	09/23/2015	Date of Injury:	06/01/2015
Decision Date:	10/28/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 6-1-2015. The medical records indicate that the injured worker is undergoing treatment for a large L4-5 disc herniation with stenosis and lumbar radiculitis, rule out radiculopathy. According to the progress report dated 7-31-2015, the injured worker presented with complaints of intermittent low back pain with radiation into the right leg and buttock. The level of pain was not rated. The physical examination of the lumbar spine reveals reduced range of motion, tenderness over the bilateral L2, L3, L5, and S1 paraspinal muscles, and positive straight leg raise test on the right. The treating physician made note that he was switching his anti-inflammatory medication to Mobic. Previous diagnostic testing includes MRI studies. MRI from 7-1-2015 showed "L4-5 large disc herniation resulting in central canal stenosis". Treatments to date include medication management and 7 physical therapy sessions. Work status is described as modified duty. The original utilization review (9-2-2015) partially approved a request for 3 physical therapy sessions to the lumbar spine (original request was for #8). The request for EMG-NCV of the bilateral lower extremities was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Lumbar x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. Key case observations are as follows. The claimant was injured in 2015 with a large L4-5 disc herniation with stenosis and lumbar radiculitis, rule out radiculopathy. As of July, there was intermittent low back pain with radiation into the right leg and buttock. The physical examination of the lumbar spine revealed reduced range of motion, tenderness over the bilateral L2, L3, L5, and S1 paraspinal muscles, and positive straight leg raise test on the right. An MRI from 7-1-2015 showed "L4-5 large disc herniation resulting in central canal stenosis". Treatments to date include medication management and 7 physical therapy sessions. The initial review partially approved a request for 3 physical therapy sessions to the lumbar spine (original request was for #8). The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was not medically necessary and appropriately non-certified.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. As noted, key case observations are as follows. The claimant was injured in 2015 with a large L4-5 disc herniation with stenosis and lumbar

radiculitis, rule out radiculopathy. As of July, there was intermittent low back pain with radiation into the right leg and buttock. The physical examination of the lumbar spine revealed reduced range of motion, tenderness over the bilateral L2, L3, L5, and S1 paraspinal muscles, and positive straight leg raise test on the right. An MRI from 7-1-2015 showed "L4-5 large disc herniation resulting in central canal stenosis". Treatments to date include medication management and 7 physical therapy sessions. The initial review partially approved a request for 3 physical therapy sessions to the lumbar spine (original request was for #8). The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was not medically necessary and appropriately non-certified.