

Case Number:	CM15-0186552		
Date Assigned:	09/29/2015	Date of Injury:	07/12/2013
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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 33-year-old male who sustained an industrial injury on 7-12-13. A review of the medical records indicates he is undergoing treatment for lumbar degenerative disc disease, herniated nucleus pulposus, left rotator cuff tendinitis - status post bankhart repair, and bilateral knee degenerative joint disease. Medical records (7-6-15 to 8-17-15) indicate ongoing complaints of right shoulder, bilateral knee, and low back pain. The 7-6-15 report states his low back remains flared with ongoing symptoms and soreness. The physical exam (8-17-15) reveals tenderness to palpation at the lumbar paraspinal muscles with trigger points bilaterally. Range of motion is noted to be decreased secondary to pain. The treating provider indicates "75% normal extension, straight leg raise abnormal." No diagnostic studies are noted for the lumbar spine. Treatment has included medications. He is currently (8-17-15) taking Cymbalta, Ibuprofen, Medrol pak, Naprosyn, Norco, and Percocet. The record states he was started on Cymbalta and "he does not report much change with being on the medication." Treatment recommendations are to discontinue the Cymbalta, physical therapy times a week for three weeks, and L4-L5, L5-S1 epidural injections. The utilization review (9-4-15) indicates denial of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment, twice weekly for 3 weeks, lumbar spine, per 8/17/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy evaluation and treatment, twice weekly for 3 weeks, lumbar spine, per 8/17/15 order is not medically necessary and appropriate.

L4-5 and L5-S1 epidural injections, per 8/17/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate limited range and pain with spasms; however, without any specific correlating myotomal/dermatomal motor or sensory deficits. There is also no documented failed conservative trial of therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The L4-5 and L5-S1 epidural injections, per 8/17/15 order is not medically necessary and appropriate.