

Case Number:	CM15-0189774		
Date Assigned:	10/01/2015	Date of Injury:	12/30/2013
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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, Hawaii
 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 53 year old male who sustained an industrial injury on 12-30-13. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar herniated nucleus pulposus. Provider documentation dated 8-19-15 noted the work status as temporary totally disabled. Treatment has included Percocet since at least May of 2014, Valium since at least March of 2014, radiographic studies, magnetic resonance imaging, and physical therapy. Objective findings dated 8-19-15 were notable for NVSI to BLE except hyperreflexia both knees, antalgic gait, uses cane, decreased ROM, difficulty, heel and toe walking. The treating physician indicates that the "urine drug screen is not subject to UR as it is part of the routine office practice." The original utilization review (9-17-15) denied a request for Additional Physical Therapy Two (2) Times a Week for Four (4) Weeks for the Lumbar Spine and Pain Management Evaluation: Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Two (2) Times a Week for Four (4) Weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Physical Therapy (PT), Exercise.

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

Decision rationale: The patient presents with diagnosis of lumbar strain; multilevel bulges; spondylosis; CPS; narcotic tolerance; possible cervical pathology. The patient currently complains of lower back pain radiating to the left lower extremity. X-rays of the lumbar spine documented evidence of multilevel spondylosis to the cervical spine status post C5-C7 ACDF; DDD C4-C5. MRI of the lumbar spine dated 1/30/14 documented evidence of multilevel degenerative disc disease; lumbar spine with disc bulges and incidental finding of renal cyst. The current request is for Additional Physical Therapy Two (2) Times a Week for Four (4) Weeks for the Lumbar Spine. The treating physician states in the treating report dated, 8/19/15 (401A), "PT, BIW x 4 weeks." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical history provided for review contained over 480 pages of history however, less than 20 pages of clinical history represented medical history from the last 12 months. Thus, none of the clinical history provided specifically addresses whether the patient has or has not completed any physical therapy historically; therefore the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. The current request is not medically necessary.

Pain Management Evaluation: Back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with diagnosis of lumbar strain; multilevel bulges; spondylosis; CPS; narcotic tolerance; possible cervical pathology. The patient currently complains of lower back pain radiating to the left lower extremity. X-rays of the lumbar spine documented evidence of multilevel spondylosis to the cervical spine status post C5-C7 ACDF; DDD C4-C5. MRI of the lumbar spine dated 1/30/14 documented evidence of multilevel degenerative disc disease; lumbar spine with disc bulges and incidental finding of renal cyst. The current request is for Pain Management Evaluation: Back. The treating physician states in the treating report dated, 8/19/15 (401B), "Pain management evaluation and treatment- ASAP." The ACOEM guidelines state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffered an industrial injury on 12/30/2013 and is still experiencing chronic pain from the effects of said injury. Thus, the current request is supported by the ACOEM guidelines for specialty referral. The current request is medically necessary.