

Case Number:	CM15-0193625		
Date Assigned:	10/07/2015	Date of Injury:	08/12/2014
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 8-12-2014. The injured worker was being treated for multilevel disc protrusions in the lumbar spine with at least a focal region at L4-5 (lumbar 4-5) of rather large 6-7 millimeter disc and right lower extremity lumbar radiculopathy. Medical records (8-3-2015) indicate ongoing right back pain with constant neurological symptoms down the right lower extremity. His pain was rated 1-5 out of 10. The physical exam (8-3-2015) revealed forward flexion of the lumbar spine was 55 degrees; extension was 20 degrees, right bend was 20 degrees, and left bend was 25 degrees. There was a moderately strong straight leg raise pain at 70 degrees with a peroneal nerve stretch sign. There was decreased sensation for light touch from L4- S1 (lumbar 4- sacral 1), 4 out of 5 motor strength on the right, and 4-5 out of 5 motor strength on the left. On 8-29-2014, an MRI of the lumbar spine revealed retrolisthesis of L3 on L4, L4 on L5, and L5 on S1. There was minimal disc bulging at L1-2 and L2-3. At L4-5, there was bilateral recess stenosis with compression of the descending L5 nerve root. At L5, there was a pars interarticularis defect. Treatment has included a back brace, work restrictions, and non-steroidal anti-inflammatory medication. The requested treatments included 12 sessions of physical therapy for the lumbar spine. On 9-2-2015, the original utilization review non-certified a request for 12 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in August 2014 when he had low back and right leg pain when trying to lift a heavy stack of silverware. He was referred for physical therapy three times, it was approved twice, but he never attended treatment due to transportation problems. When seen, he was having pain radiating into the right lower extremity with weakness and numbness. There was decreased lumbar range of motion and moderately strong right lower extremity straight leg raising. There was decreased lower extremity sensation and right lower extremity strength. An MRI of the lumbar spine included findings of a large L4/5 disc herniation with nerve root compression and Grade I spondylolisthesis. Electrodiagnostic testing in May 2015 showed findings of an early / mild polyneuropathy. Physical therapy is being requested. In terms of physical therapy for lumbar radiculopathy, guidelines recommend up to 12 treatment sessions over 8 weeks. In this case, the number of visits being requested is within the guideline recommendation and, although now a chronic condition, the claimant has never actually attended a formal course of therapy. The request is considered medically necessary.