

Case Number:	CM15-0194572		
Date Assigned:	10/08/2015	Date of Injury:	09/17/2009
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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 41-year-old male, who sustained an industrial injury on 9-17-09. The injured worker is diagnosed with lumbar spine disc disease with radicular pain, lumbar spine disc bulge and left knee internal derangement. The injured worker's disability-work status was not addressed. Notes dated 6-4-15 - 8-18-15 reveals the injured worker presented with complaints of low back and left knee pain and is rated at 4 out of 10. He reports difficulty with activities of daily living. Physical examinations dated 4-21-15 - 8-18-15 revealed left knee joint line tenderness. There is lumbar spine paraspinal +1 tenderness to palpation and painful lumbar range of motion. Treatment to date has included sleep study, medications, physical therapy (provided the ability to manage his pain and increase mobility per note dated 6-16-15), aquatic therapy and acupuncture (beneficial per note dated 6-17-15), lumbar spine cortisone injections (no benefit per note dated 6-17-15) and the H-wave helps manage pain, increased mobility and functionality per note dated 4-21-15. Diagnostic studies to date have included a urine toxicology screen (6-2015), which was inconsistent and a lumbar MRI (2011). A request for authorization dated 8-18-15 for physical therapy 2x6 for the lumbar spine and left knee, lumbar epidural steroid injection and 1 follow up visit with ortho is non-certified, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 of lumbar spine and left knee: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic 2009 injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The patient should have been previously instructed on an independent home exercise program. The Physical therapy 2x6 of lumbar spine and left knee is not medically necessary and appropriate.

Lumbar ESI: Upheld

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

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 nerve root block 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 with previous EMG/NCS negative for radiculopathy. Submitted reports have not demonstrated any radicular findings, myotomal/dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar ESI is not medically necessary and appropriate.

Follow up visit x 1 with ortho: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapters 5 and 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical findings with imaging correlation consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no acute findings, new injury, or specific progressive neurological deficits to render surgical treatment nor is there any current diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Follow up visit x 1 with ortho is not medically necessary and appropriate.