

Case Number:	CM15-0209999		
Date Assigned:	10/28/2015	Date of Injury:	09/09/1998
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male who sustained an industrial injury on September 09, 1998. The worker is being treated for: chronic low back pain, lumbago. Subjective: May 04, 2015 reported continues with diffuse pain rated 10 in intensity. May 20, 2015, July 08, 2015 he reported having constant sharp bladder pain; bilateral leg pain with swelling; constant stomach burning and pain; constant low back pain with pressure and loss of strength; constant neck pain, migraines, bilateral hand pain, memory loss, blood in urine, inguinal pain, pain with chewing, anxiety attacks and further stated: Sucralfate upsets his stomach. September 10, 2015 he reported low back pain with all functional activities. He reported trunk and lower extremity weakness, low back pain and stiffness. He noted having fallen five times over the last three months due to lower extremity weakness. June 01, 2015 he reported more significant lower extremity edema and swelling. Objective: May 04, 2015 noted tenderness and spasm of the cervical spine and lumbar spine remain. May 20, 2015 noted positive for bilateral lower extremity swelling; and obstipation due to Opioid medication. September 10, 2015 noted lumbar AROM found a hand reach to patellae, backward bending and right rotation to 5 degree, left rotation 10 degrees and bilateral bending reach to lateral joint line. Bilateral L3 quadriceps noted with poor myotomes; positive bilateral SLR Lasegue's; positive slump on left; painful to light palpation at bilateral quadratus lumborum, SI joint line, and bilateral sacral multifidii. Diagnostic: MRI lumbar spine June 06, 2015 urinalysis noted with increased renal function values and concern for renal failure, UDS June 01, 2015 noted consistent with prescribed. Medication: May 20, 2015: prescribed Protonix. June 24, 2015: prescribed Ferro Sequel. July 08, 2015: prescribed Maxzide. September 10, 2015: Depacort, Neurontin, Methadone and

Topamax. June 01, 2015 noted Neurontin decreased. September 28, 2015: Lexapro, Methadone, Voltaren gel, Dilaudid, Neurontin, and Lunesta. Treatment: medications, activity modification, physical therapy. On September 28, 2015 a request was made for 12 physical therapy sessions and one renal bladder ultra sound that were both noncertified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, therapy is indicated for 8-10 sessions. In this case, the claimant had already started 3 sessions. The request for 12 sessions exceeds the guidelines recommendations. There was no indication that additional therapy cannot be performed at home. The request for 12 sessions of therapy is not medically necessary.

Renal and Bladder ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ramchandani P, Kisler T, Francis IR, Casalino DD, Arellano RS, Baumgarten DA, Curry NS, Dighe M, Fulgham P, Israel GM, Leyendecker JR, Papanicolaou N, Prasad S, Remer EM, Sheth S, Expert Panel on Urologic Imaging, ACR Appropriateness Criteria, American College of Radiology (ACR) 2008.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AIUM Practice Parameter for the Performance of Native Renal Artery Duplex Sonography, pg 1-10, 2015 guidelines.

Decision rationale: According to the guidelines, ultrasound is indicated for abdominal bruits, renal vascular disease, worsening renal function, hematuria, etc. In this case, the claimant had edema and abdominal swelling. The blood pressure was normal. Renal function was not provided and there was mention of hematuria. A thorough abdomen or pelvic exam was not performed and the ultrasound was not justified. The ultrasound is not necessary.