

Case Number:	CM15-0029851		
Date Assigned:	02/24/2015	Date of Injury:	02/11/2013
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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 63 year old male, who sustained an industrial injury on 2/11/13. He has reported low back injury. The diagnoses have included prolapsed lumbar intervertebral disc, spinal stenosis of lumbar region, low back pain, lumbosacral radiculitis, acquired spondylolisthesis, disorder of trunk and degeneration of intervertebral disc. Treatment to date has included oral medications and activity restrictions. Currently, the injured worker complains of low back pain with associated leg pain. Progress note dated 1/6/15 revealed tenderness of the supraspinatus ligament and the ileolumbar region and decreased range of motion with pain. On 1/21/15 Utilization Review non-certified lumbar transforaminal epidural injection, noting the lack of attempt or failure of any conservative care in the chronic pain state and submitted modified certification for 12 physical therapy sessions for low back modified to 6 physical therapy sessions for low back, noting the guidelines recommend 6 visit clinical trial with assessment to determine if further physical therapy is necessary. The MTUS, ACOEM Guidelines and ODG were cited. On 1/26/15, the injured worker submitted an application for IMR for review of lumbar transforaminal epidural injection and 12 physical therapy sessions for low back modified to 6 physical therapy sessions for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for low back 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for PHYSICAL THERAPY FOR LOW BACK 12 SESSIONS. The request for authorization is dated 01/16/15. MRI of the lumbar spine 02/20/13 shows bilateral pars defects, L5, with a grade 1 spondylolisthesis, there is severe bilateral neural foraminal stenosis, broad central disk protrusion, L4-L5; both neural foramina are stenotic, 4-5mm central to right paracentral protrusion, L3-L4. Patient is expressing more burning pain down his both legs along the bilateral L4-L5 dermatome. Patient is working full duty. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given the patient's condition, a course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

1 Lumbar transforamial epidural injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to lower extremities. The request is for LUMBAR TRANSFORMIAL EPIDURAL INJECTION. The request for authorization is dated 01/16/15. MRI of the lumbar spine 02/20/13 shows bilateral pars defects, L5, with a grade 1 spondylolisthesis, there is severe bilateral neural foraminal stenosis, broad central disk protrusion, L4-L5; both neural foramina are stenotic, 4-5mm central to right paracentral protrusion, L3-L4. Patient is expressing more burning pain down his both legs along the bilateral L4-L5 dermatome. Patient is working full duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated

01/16/15, treater's reason for the request is "he is expressing more burning pain down his both legs along the bilateral L4-L5 dermatome." Treater's progress reports from 02/06/14 to 01/16/15 document physical examination of radiculopathy. Additionally, MRI of the lumbar spine on 02/20/13 showed severe foraminal stenosis and 4-5mm central to right paracentral protrusion. Furthermore, the patient has not had an ESI in the past. Therefore, the request IS medically necessary.