

Case Number:	CM15-0211155		
Date Assigned:	10/30/2015	Date of Injury:	11/05/2014
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: North Carolina

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 43 year old male, who sustained an industrial injury on 11-5-2014. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine strain, lumbar muscle strain, clinically consistent lumbar radiculopathy, low back pain, bilateral sacroiliitis, and lumbar facet pain. On 9-2-2015, the injured worker reported low back pain that radiated to the bilateral lower extremities associated with spasms worse on the left side radiating to the left lateral leg and left great toe with tingling and numbness in the posterior aspect of the left thigh and groin. The Treating Physician's report dated 9-2-2015, noted the injured worker reported a left lumbar epidural block helped significantly able to return to work and a subsequent second lumbar epidural block on the right side did not help. The Physician noted a MRI of the lumbar spine dated 11-26-2014 was noted to show mild to moderate facet degeneration at the lower lumbar levels, small central right paracentral disc herniation at L5-S1 with minimal mass effect upon the right S1 nerve root, and small posterior disc protrusion at T12-L1 level. The injured worker's current medications were noted to include Amlodipine, Lisinopril, Protonix, and Ambien. The physical examination was noted to show spasms in the lumbar paraspinous muscles and stiffness in the lumbar spine, tenderness in the lumbar facet joints and bilateral posterior superior iliac spine, worse on the left side, and Dysesthesia noted to light touch in the left L5 dermatome, Patrick test was noted to be positive on the left. Prior treatments have included chiropractic treatments noted to have provided some help, physical therapy, epidural steroid injection (ESI) on 1-20-2015 noted to have helped "quite a bit" and epidural injection 5-21-2015 noted to have improved the calf symptoms about 90%. The treatment plan

was noted to include a prescription for Nabumetone and requests for physical therapy and left lumbar epidural block at L4-L5 and L5-S1 in view of lumbar radiculitis. The request for authorization dated 10-1-2015, requested a left lumbar epidural steroid block at L4-L5 and L5-S1 and additional physical therapy (PT) to the lumbar spine for 16 sessions. The Utilization Review (UR) dated 10-8-2015, certified the request for a left lumbar epidural steroid block at L4-L5 and L5-S1 and non-certification of the request for additional physical therapy (PT) to the lumbar spine for 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) to the lumbar spine for 16 sessions: 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: Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.