

Case Number:	CM15-0048619		
Date Assigned:	03/20/2015	Date of Injury:	10/18/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/15/2015

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, Pain Management, Occupational Medicine

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 35 year old male, who sustained an industrial injury on October 18, 2014. He reported low back pain and radiating pain to the left lower extremity with associated weakness and radiculopathy. The injured worker was diagnosed as having a lumbar strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of low back and radiating pain to the left lower extremity with associated weakness and radiculopathy. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 22, 2014, revealed continued pain as previously noted. It was noted physical therapy provided some relief. Steroid injections and additional physical therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Injection PT (x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg.twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: ODG states that post epidural steroid injection physical therapy is an option to progress rehabilitation due to reduced pain. Two therapy sessions had been approved previously instead of the requested 12 sessions. The medical records do indicate when the injection was done nor do they indicate the response to the injection. If the injection is not effective, rehabilitation would not progress due to the pain. This request for 12 post-injection therapy sessions is denied since the results of the injection are not provided. There are no progress notes from the two sessions of physical therapy that were approved to show benefit from therapy. This request for 12 sessions of post-injection therapy is not medically necessary.