

Case Number:	CM14-0121585		
Date Assigned:	08/06/2014	Date of Injury:	08/28/2001
Decision Date:	10/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 8/28/2001. Per primary treating physician's progress report dated 5/23/2014, the injured worker complains of bilateral back pain with radiation to the legs, thought secondary to failed back pain with concurrent SI joint disfunction. He has been cleared for an injection, but is not sure if he should go ahead with the injection. He states that despite the pain, he is used to the pain and does not think it affects his functional status. His neck pain is doing quite well, and does not thin that he needs an injection at this time. The pain is described as aching, stabbing, throbbing, and burning. The average pain is 5-6/10. Worsening factors include prolonged walking, and alleviating factors include sitting. The pain medication improves the pain somewhat without any side effects. Sleep is fair and mood is fair. He has no weakness. He walks with a cane secondary to leg weakness. On examination the gait is non-antalgic. There is tenderness to the lumbar spine paraspinal muscles, with normal tone and no spasticity noted. Sensation to lower leg is normal to light touch except lateral thighs. Diagnoses include 1) postlaminectomy syndrome, lumbar 2) radiculitis, left 3) spondylosis without myelopathy 4) disorders of sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with biofeedback #8: 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 section, Page(s):) 98, 99.

Decision rationale: Injured worker is a male with date of injury 8/28/2001. Per primary treating physician's progress report dated 5/23/2014, the injured worker complains of bilateral back pain with radiation to the legs, thought secondary to failed back pain with concurrent SI joint dysfunction. He has been cleared for an injection, but is not sure if he should go ahead with the injection. He states that despite the pain, he is used to the pain and does not think it affects his functional status. His neck pain is doing quite well, and does not think that he needs an injection at this time. The pain is described as aching, stabbing, throbbing, and burning. The average pain is 5-6/10. Worsening factors include prolonged walking, and alleviating factors include sitting. The pain medication improves the pain somewhat without any side effects. Sleep is fair and mood is fair. He has no weakness. He walks with a cane secondary to leg weakness. On examination the gait is non-antalgic. There is tenderness to the lumbar spine paraspinal muscles, with normal tone and no spasticity noted. Sensation to lower leg is normal to light touch except lateral thighs. Diagnoses include 1) postlaminectomy syndrome, lumbar 2) radiculitis, left 3) spondylosis without myelopathy 4) disorders of sacrum.