

Case Number:	CM14-0123144		
Date Assigned:	08/08/2014	Date of Injury:	02/01/2005
Decision Date:	10/07/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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:

The injured worker is a 69-year-old female who was reportedly injured on 02/01/2005. The mechanism of injury was not listed in the records reviewed. Physical examination dated 01/29/2014, the injured worker complained of increased pain in the mid and lower back with less mobility and unable to stand up straight. Antalgic gait noted. Tenderness of the spinous process at L5, sacral promontory and sacrum noted during palpation to the lumbar spine. Active range of motion was flexion at 80 degrees and extension at 10 degrees with increased pain upon extension rather flexion. Tenderness on bilateral sacroiliac joints. Bilateral reflexes revealed patellar was and Achilles was 0/4. Sensation was normal at L4, L5 and S1 levels. Faber and straight leg raise were positive. Bilateral motor strength in lower extremity was 5/5 but with give way weakness especially in the ankle and knee extension. Treatments that alleviated pain were changing positions, over the counter medication, non-steroidal anti-inflammatory drugs, and narcotics. The pain is mostly in the low back. The injured worker is diagnosed with thoracic or lumbosacral neuritis or radiculitis, disorders of the back, disorders of the sacrum, and other disorders of the cervical region, brachial neuritis, or radiculitis not otherwise specified. The injured worker has had prior physical therapy and cannot do physical therapy on her own. There is no documentation of subjective/objective functional benefit from prior physical therapy visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1-2 visits per week for lumbar spine for 6 weeks qty: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, and Physical Therapy

Decision rationale: The documentation provided reveals the claimant to have multiple sessions of physical therapy for the treatment of the industrial injury of 2/1/3005. The office note of 4/25/14 reveals no discussion of how many sessions of PT she has been afforded. Nor does it address whether or not the claimant has been participating in herself directed home exercise program presumably provided per CA MTUS, ACOEM and Official Disability Guidelines recommendations. Finally, there is no discussion as to why a monitored Physical Therapy Program is necessary at this late date 9+ years after the initial date of injury. The claimant should do just as well with a self-directed home exercise program. Persistence in monitored care with a physical therapist would only engender therapist dependence. This request is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections

Decision rationale: The office note of 4/23/14 does not have a full physical examination especially with regards the neurologic findings if any. The office note of 1/29/14 reveals a normal sensory, motor, and deep tendon reflexes (DTR) exam. Both CA MTUS and Official Disability Guidelines support the use of Epidural Steroid injections only for those with objective neurologic deficits that correlates with imaging findings. Given the lack of documentation of any objective changes on 4/23 and the normal neurologic exam of 1/29, the ESI as requested is not in keeping with CA MTUS or Official Disability Guidelines recommendations, is not medically necessary.