

Case Number:	CM14-0168147		
Date Assigned:	10/15/2014	Date of Injury:	09/19/2013
Decision Date:	11/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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:

This is a 51 year old patient who sustained injury on Sept 19 2013. He had ongoing issues with pain the lower back region and he had been treated with x-rays, medication and physical therapy. He had MRI of the Lumbar spine on Feb 26 2014 which showed lumbar sprain and L4-5 extruded fragment with compression of the left L5 root and left lumbar radiculopathy. It was prescribed that the patient have a lumbar epidural steroid injection at L4-5 and post injection physical therapy. The patient was noted to have a positive straight leg raise on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks for the lower back (6): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: There are no specific guidelines which address physical therapy after lumbar spinal injection steroid. However, MTUS does address lumbar blocks, which are used to treat lower back pain and are recommended as indicated below. Useful for diagnosis and treatment of pain of the pelvis and lower extremity were secondary to CRPS-I and II. This block is

commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy. (Colorado, 2002). The pain had evidence of radiculopathy and would benefit from physical therapy as indicated. Therefore, Physical Therapy two times a week for three weeks for the lower back (6) is medically necessary.