

Case Number:	CM14-0196051		
Date Assigned:	12/04/2014	Date of Injury:	08/20/2012
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier L4-L5 lumbar laminectomy surgery. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a lumbar epidural steroid injection, stating that the applicant did not have radiographically corroborated radiculopathy. The claims administrator also denied 12 sessions of physical therapy, citing the MTUS postsurgical treatment guidelines. The date of surgery was not, however, referenced. The applicant's attorney subsequently appealed. In an April 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 6/10. The applicant stated that lumbar spine surgery had transpired in September 2013. The attending provider posited that medications were ameliorating the applicant's ability to shop for groceries, perform basic household chores, bathe himself, groom himself, prepare food, and cook. The attending provider suggested that the applicant could be a candidate for an L4-L5 epidural steroid injection. Various medications were dispensed, including naproxen, tramadol, and Protonix. On May 1, 2014, it was again stated that the applicant was a potential candidate for an epidural steroid injection. It was stated that the applicant had a disk protrusion at L4-L5 and degenerative disk disease at L4-L5 and L5-S1. The applicant was using tramadol for pain relief. 6/10 pain was reported. The applicant was given a 30-pound lifting limitation, which the attending provider acknowledged that the applicant's employer was unable to accommodate, effectively resulting in the applicant's removal from the workplace. In a November 6, 2014 progress note, the applicant reported 5/10 low back pain radiating into the bilateral legs. The applicant exhibited positive straight leg rising about the legs with 4+/5 right lower extremity

strength. Hyposensorium about the right leg was noted. Epidural steroid injection therapy at L4-L5 and L5-S1 was sought. The attending provider stated that the applicant had radiographically corroborated radiculopathy at this level. TENS unit, a lumbar support, and additional physical therapy were sought while tramadol, naproxen, and Protonix were renewed. A 30-pound lifting limitation was renewed, again effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Conversely, the request for 12 sessions of physical therapy for the lumbar spine is not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical treatment period established in the MTUS postsurgical treatment guidelines following earlier lumbar spine surgery in November 2013 as of the date of the request, November 6, 2014. The MTUS Chronic Pain Medical Treatment Guidelines therefore are applicable. The 12-session course of treatment proposed here, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant is seemingly off of work. A rather proscriptive 30-pound lifting limitation remains in place, seemingly unchanged, from visit to visit, despite prior unspecified amounts of physical therapy. The applicant remains dependent on various and sundry analgesic medications, including opioids such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.