

Case Number:	CM15-0013517		
Date Assigned:	01/30/2015	Date of Injury:	01/23/2012
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/22/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male who reported an injury on 01/23/2012. The mechanism of injury was a slip and fall. His diagnoses included lumbar spondylosis and degenerative disc disease. Medications included Flexeril. Other therapies included 6 physical therapy visits and 1 massage therapy visit. Diagnostic studies included an MRI of the lumbar spine on 03/23/2012, which demonstrated disc herniation, 3 to 4 mm at L5-S1 with moderate spinal canal stenosis secondary to ligamentum flavum hypertrophic changes and disc herniation and facet hypertrophy with S1 nerve root involvement. On 01/23/2015, it was noted that the injured worker had received an epidural steroid injection and had completed a functional restoration program with benefit. He continued to have low back pain with intermediate (Note in file states intermittent) radiation down the posterior aspect of the left lower extremity to his ankle. His pain most days is at 5/10 to 6/10 and can increase to an 8/10. On examination of the cervical spine, flexion range of motion was 20 degrees and right range of motion is 45 degrees. cervical extension range of motion is -15 degrees. An EMG was performed on 12/23/2013 which showed an abnormal electrodiagnostic study of the bilateral lower limbs. There was S1 lumbar radiculopathy; no myopathy, no polyneuropathy. The provider noted the injured worker is interested in keeping up with the home exercise program and would be interested in additional sessions of physical therapy in order to facilitate a comprehensive home exercise program. The injured worker had a trial of Zanaflex to control his muscle spasms but did not get adequate relief. He noted cyclobenzaprine does help to reduce muscle spasms and allow better function. The injured worker felt he was able to better cope with his chronic pain and manage his

psychological distress through techniques learned in the functional restoration program. However, testing at time of discharge from FRP indicated small increases in pain intensity and pain interference and moderate increases in depression and anxiety, which the injured worker attributed to stressors at home and related to graduating from the program. He stated he planned to seek new employment but had not yet found any employment which is one of the causes of his anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Low back chapter, Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 8 sessions of physical therapy for the lumbar spine is not supported. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. There was a lack of documentation as to the length of time the physical therapy is for. There was a lack of documentation of previous physical therapy gains and deficits. As such, this request is not medically necessary.