

Case Number:	CM15-0121809		
Date Assigned:	07/02/2015	Date of Injury:	10/29/2003
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: Pennsylvania, Ohio, California
 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 50 year old male, who sustained an industrial injury on 10/29/2003. On provider visit dated 05/27/2005 the injured worker has reported an episode of lumbar pain that radiates into his left thigh and leg. The injured worker was noted to have these episodes about 2 to 3 times a year. On examination of the lumbar spine was noted to have slightly diminished left L5 and L4 dysesthesias. Hip and knee range of motion was non-tender except for mild discomfort in the left hip. Gait was noted as steady. The injured worker underwent a MRI of the lumbar spine without contrast on 04/29/2015 which was noted to revealed degenerative changes throughout the entire lumbar spine with narrowing of the spinal canal and neural foraminal encroachment is minimal bilateral at L1-L2, mild bilateral at L2-L3 and moderate left and marked right at L3-L4 and L4-L5 and moderate bilateral at L5-S1. The diagnoses have included lumbago. Treatment to date has included medication. The provider requested physical therapy 3 times a week for 6 weeks to the lumbar spine due to distal lumbar pain, and left L3-L4 root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks to the lumbar spine: Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Left L3-4 and L4-5 root block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Page(s): 46.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.