

Case Number:	CM15-0176789		
Date Assigned:	09/17/2015	Date of Injury:	07/14/2014
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who sustained an industrial injury on 07-14-2014. He reported injury to his low back. MRI of the lower back on 08-15-2014 demonstrated a 7-millimeter right sided L5-S1 herniated extruded disc with right nerve root compression. Treatment to date has included medications and physical therapy. Medications prescribed to date have included Norco, Flexeril, Solu-Medrol dose pack and Motrin. According to an initial consultation dated 07-21-2015, the injured worker reported low back pain radiating up to the mid back and down both legs, worse on the right. He also reported tingling sensation in the bilateral toes, worse on the right. He was sore at the end of every day. He was not able to lift his kids and he was unable to do household chores. Present medications included Ibuprofen. Physical examination revealed decreased lumbar motion, intact neurological exam, and negative straight leg raise. The provider noted that another Medrol dose pack follow by Naproxen would be given. The provider noted that review of records indicated that the injured worker had only received 12 physical therapy visits. Therefore, the provider was requesting 12 sessions of physical therapy. The injured worker declined surgery. Treatment plan included Medrol dose pack, Naproxen 600 mg and Naproxen 500 mg. Work restrictions included avoidance of all heavy lifting greater than 25 pounds due to intervertebral disc injury. The provider for review submitted an authorization request dated 07-28-2015. The requested services included Naproxen, Medrol dose pack use as directed and physical therapy. Diagnoses included herniated lumbar disc. According to a partially legible handwritten progress report dated 07-28-2015, the injured worker continued to have low back pain. "Physical therapy prescribed last week." Diagnosis herniated disc lumbar. Objective findings included decreased lumbar motion and lumbar pain

with straight leg raise. Work status included modified work of no lifting 10 pounds. It is unclear exactly how many sessions of physical therapy that the injured worker has received. According to an Agreed Medical Evaluation dated 04-13-2015, the provider made reference to 17 dates of service of physical therapy progress notes from 08-04-2014 through 10-30-2014. On 08-14-2015 which included the initial evaluation and discharge report, Utilization Review non-certified the request for Medrol dose pack use as directed #1 prescribed on 07-28-2015 and physical therapy to lumbar spine 3 times per week for 4 weeks and certified the request for Naproxen 500 mg #60 1 tab by mouth twice daily prescribed on 07-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack, use as directed, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter. Online version. Official Disability Guidelines, Lumbar Chapter Online version Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant sustained a work injury in July 2014 while bending, lifting, and stooping when he developed low back pain and subsequent right lower extremity radiating symptoms. In August and September 2014, he had 12 sessions of physical therapy. He was discharged in October 2014 after completing another four treatments. When seen, he was continuing to have low back pain. Physical examination findings included decreased lumbar spine range of motion with no neurological deficit. Straight leg raising caused back pain. Authorization for 12 sessions of physical therapy was requested. Naproxen and Medrol were prescribed. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain. Use is not recommended for acute non-radicular pain or chronic pain. In this case, there was no new injury and the claimant was being treated for chronic low back pain. Medrol was not medically necessary.

Physical therapy to lumbar spine 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2014 while bending, lifting, and stooping when he developed low back pain and subsequent right lower extremity radiating symptoms. In August and September 2014, he had 12 sessions of physical therapy. He was discharged in October 2014 after completing another four treatments. When seen, he was continuing to have low back pain. Physical examination findings included decreased lumbar spine range of motion with no neurological deficit. Straight leg raising caused back pain. Authorization for 12 sessions of physical therapy was requested. Naproxen and Medrol were

prescribed. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request was not medically necessary.