

Case Number:	CM15-0096582		
Date Assigned:	05/26/2015	Date of Injury:	11/21/2013
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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
Certification(s)/Specialty: Emergency Medicine

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 44 year old male, who sustained an industrial injury on 11/21/13. He reported tripping while carrying a heavy door and injuring his lower back, bilateral hips and bilateral upper and lower extremities. The injured worker was diagnosed as having lumbar radiculopathy and lumbar HNP without myelopathy. Treatment to date has included physical therapy, an EMG/NCV study on 11/1/14 showing normal nerve conduction and abnormal electromyography suggestive of right chronic L5 radiculopathy, a lumbar MRI on 4/5/14 showing L5-S1 disc protrusion and oral medications. As of the PR2 dated 4/15/15, the injured worker reports intractable low back pain with bilateral lower extremity paresthesia. Medications are helpful with the pain, but cause stomach pain. The treating physician requested physical therapy x 12 sessions and a neurosurgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical Therapy x12 is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has lumbar radiculopathy and lumbar HNP without myelopathy. Treatment to date has included physical therapy, an EMG/NCV study on 11/1/14 showing normal nerve conduction and abnormal electromyography suggestive of right chronic L5 radiculopathy, a lumbar MRI on 4/5/14 showing L5-S1 disc protrusion and oral medications. As of the PR2 dated 4/15/15, the injured worker reports intractable low back pain with bilateral lower extremity paresthesia. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical Therapy x12 is not medically necessary.

Neurosurgical Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested neurosurgical consult is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has lumbar radiculopathy and lumbar HNP without myelopathy. Treatment to date has included physical therapy, an EMG/NCV study on 11/1/14 showing normal nerve conduction and abnormal electromyography suggestive of right chronic L5 radiculopathy, a lumbar MRI on 4/5/14 showing L5-S1 disc protrusion and oral medications. As of the PR2 dated 4/15/15, the injured worker reports intractable low back pain with bilateral lower extremity paresthesia. The treating physician has documented persistent symptomatology, as well as positive exam and diagnostic evidence of radiculopath. The criteria noted above having been met, Neurosurgical Consult is medically necessary.