MAXIMUS Federal Services

Case Number:	CM15-0096961		
Date Assigned:	05/27/2015	Date of Injury:	09/26/2013
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
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: 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 37-year-old male patient who sustained an industrial injury on 09/26/2013. A primary follow up visit dated 08/28/2014 reported the patient with subjective complaint of ongoing low back pain. He also states having occasional left lower extremity cramping and numbness down the left leg to the knee and sometimes down to the calf. He currently rates the pain a 6 out of 10 in intensity. He is utilizing the lumbar corset when lifting heavy items. Of note, a course of physical therapy had been denied. The patient does see an orthopedist regarding the left shoulder. He reports continuing to work with continued low back pain. He reports taking Ketoprofen and Nortriptyline HCL along with LidoPro cream. In addition, he takes Prilosec and Docuprene. He states the use of medications decreases the pain by about 40% and he noted increased ability to ambulate with increased distance. Treatment history to date consists of chiropractic sessions (29) of which he finds has helped relieve the pain by about 20-30% temporarily. He also has tried Tylenol without any benefit. Objective findings showed tenderness to palpation of the lumbar spine paraspinous region and bilateral lower lumbar facet regions. There is pain with facet loading of lumbar spine bilaterally. There is also tenderness to palpation in bilateral sacroiliac joints. Sensation examination showed decreased sensation of the left L4 dermatome. The following diagnoses are applied facet arthropathy, lumbar spine; and lumbar disc herniations with neural foraminal narrowing. Diagnostic testing to include a magnetic resonance imaging study of the lumbar spine performed on 05/19/2014 that revealed degenerative disc disease, and facet arthropathy without spondylolisthesis or compression deformity. There was neural foraminal narrowing L3-4 caudal left, mild to

moderate left and L5 - S1 mild to moderate right neural foraminal narrowing. At L4-5 and L5-S1, annular fissure is noted. The plan of care noted the patient offered an epidural steroid injection of which he wished to hold off on, continue with physical therapy sessions, continue with home exercise program, prescribed Prilosec for gastritis and return follow up visit in 4 weeks. A more recent follow up primary visit dated 01/29/2015 reported subjective complaint of low back pain that has had some improvement with physical therapy sessions by decreasing tension, and pain of the low back and allowed increased activity. He has had prior authorization to receive an epidural injection, but continues to decline. The patient continues to have orthopedic follow up regarding the shoulder for which physical therapy is treating with benefit. On 10/02/2014, the patient underwent electrodiagnostic nerve conduction study and a repeat magnetic resonance imaging study with results pending. The patient also has subjective complaint of occasional bouts of anxiety and depression that he attributes to the persistent pains. There is pending psychiatric evaluation scheduled. He reports taking Naproxen Sodium, Pamela, Prilosec and Docuprene all of which help to decrease the pain by about 50%, which allows increased activities with noted increased distance. He reports continuing to work with continued pain. He has also tried Advil without any benefit. There is no change in the plan of care, subjective findings or objective assessments. Diagnostic results showed 05/19/2014 MRI with degenerative disc disease, and facet arthropathy without spondylolisthesis and foraminal narrowing. There is also an annular fissure seen at L5-S1. The nerve conduction study performed on 10/02/2014 showed no focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy affecting the lower limbs. The plan of care remains continuing to offer epidural injection, continuing with home exercises, psychiatric pain management follow up, prescribed Colace and return for follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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 September 2013 and continues to be treated for chronic low back pain and right shoulder pain. As of 12/30/14, he had completed eight treatments sessions for the lumbar spine. When seen, there had been improvement with therapy. Pain was rated at 3-7/10. There was decreased lumbar spine range of motion with tenderness. He had positive facet loading. There was decreased left lower extremity strength and sensation. Authorization for additional physical therapy was requested. He was to continue a home exercise program.The claimant is being treated for chronic pain. There is no new injury. In this case, the claimant has improved with the treatments recently provided and has a home exercise program. The number of additional skilled therapy sessions being is in excess of what

would be needed to finalize or revise his home exercise program. The request is not medically necessary.