

Case Number:	CM15-0099642		
Date Assigned:	06/02/2015	Date of Injury:	09/11/2000
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old female, who sustained an industrial injury on September 11, 2000. The injured worker was diagnosed as having L4-L5 severe disc degeneration with segmental kyphosis, L5-S1 annular tear, bilateral S1 radiculopathy, status post L4-L5 discectomy in 2000, and facet arthropathy L4-L5 and L5-S1. Treatment to date has included physical therapy, radiofrequency ablation, life style modifications, lumbar surgery, and medication. Currently, the injured worker complains of left sided lower back pain that radiated down the left lower extremity. The Primary Treating Physician's report dated March 24, 2015, noted that since the last evaluation, the injured worker had a fall with worsening left sided lower extremity pain. The injured worker rated her pain as an 8/10 on the visual analog scale (VAS), with current medications listed as Vimovo and Zanaflex, with a Medrol Dosepak. Physical examination was noted to show the injured worker with an antalgic gait, favoring the left lower extremity, with positive straight leg raise at 40 degrees on the left. The treatment plan was noted to include a prescription for a Medrol dose Pack to help with the pain and inflammation, and request for authorization for physical therapy for the lumbar spine, and resubmission for an epidural injection and psychological consultation, and proceeding with approved pain management consultation once scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary, Online Version, last updated 04/15/2014, Oral/Parenteral Corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Regarding the request for Medrol dosepak, Chronic Pain Medical Treatment Guidelines state they are not recommend. ODG recommends only recommends them for acute radicular pain. In the documentation available for review, there is documentation the patient is continuing to experience chronic radicular pain rather than acute radicular pain. Therefore, the currently requested Medrol dosepak is not medically necessary.

Physical therapy for the lumbar region 2 times weekly for 4 weeks, quantity: 8 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary, Online Version, last updated 04/15/2014, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy for the lumbar region 2 times weekly for 4 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy for the lumbar region 2 times weekly for 4 weeks is not medically necessary.