

Case Number:	CM13-0006408		
Date Assigned:	06/06/2014	Date of Injury:	02/14/2008
Decision Date:	08/04/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is an injured worker with lumbosacral back condition. Date of injury was 02-14-2008. Qualified medical reevaluation 03-05-2013 by [REDACTED] presented a review of medical records: April 15, 2010 Orthopedic Consultation - Lumbar strain - Referral for physical therapy. June 21, 2010 - July 15, 2010 Physical Therapy progress report - lumbar pain, total visits 6. July 22, 2010 PR-2 - Additional physical therapy requested. Physical examination 03-05-2013: Lumbar Spine Range of Motion Flexion 90, Extension 20; Straight Leg Raise normal bilaterally; Lower extremity motor normal bilaterally. Physical Therapy progress report 03-26-2013 documented the completion of 23 visits. Progress report [REDACTED] 04-15-2013 documented physical therapy for lumbar spine. Progress report [REDACTED] 05-28-2013 documented that the patient has undergone physical therapy to treat lumbar spine complaints. Gait is intact and nonantalgic. Lower extremity strength is 5/5. Straight leg-raising remains positive, right. Diagnosis: Chronic low back pain with right lumbar radiculopathy. February 7, 2011 MRI of the Lumbar spine Impression: 1) L5-S1 2.7 mm concentric disc bulge with far right lateral annular tear up to 3 mm, displacing the lateral aspect of the right exiting L5 nerve; 2) L5-S1 neural foraminal stenosis bilaterally; 3) L4-5 1 mm concentric disc bulge with 2.5 mm far left lateral annular tear, resulting in displacement to the lateral aspect of the left exiting L4 nerve; borderline lateral recess narrowing on each side; 4) Otherwise essentially unremarkable MR assessment of the lumbar spine. MRI Lumbar spine 09-06-2013 reported: All findings are stable compared to the prior examination. Utilization review dated 07-25-2013 recommended non-certification of the request for (1) MRI lumbar spine, (2) additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient magnetic resonance images for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: California Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Qualified medical reevaluation 03-05-2013 documented physical examination: Lumbar spine range of motion flexion 90, extension 20; straight leg raise normal bilaterally; lower extremity motor normal bilaterally. Progress report 05-28-2013 documented: gait is intact and nonantalgic, lower extremity strength is 5/5, straight leg-raising positive right. Magnetic resonance imaging (MRI) of the Lumbar spine was performed February 7, 2011. No plain film radiograph results were documented. No evidence of cauda equina, tumor, infection, or fracture was documented. MTUS & ACOEM guidelines and medical records do not support the medical necessity lumbar spine MRI. Therefore, the request for outpatient magnetic resonance images for the lumbar spine is not medically necessary.

Outpatient physical therapy (pt) two times per week over three weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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) Pain (Chronic).

Decision rationale: California Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provides Physical Therapy (PT) physical medicine guidelines: Myalgia and myositis 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks. Official Disability Guidelines (ODG) Pain (Chronic) provides Physical Therapy (PT) physical medicine treatment guidelines: Arthritis (ICD9 715) medical treatment 9 visits over 8 weeks. Qualified medical reevaluation 03-05-2013 presented a review of medical records: April 15, 2010 Orthopedic Consultation - Lumbar strain - Referral for physical therapy. June 21, 2010 - July 15, 2010 Physical Therapy progress report - lumbar pain, total visits 6. July 22, 2010 PR-2 - additional physical therapy requested. Physical Therapy progress report 03-26-2013 documented the completion of 23 visits. Progress report [REDACTED] 04-15-2013 documented physical therapy for lumbar spine. Progress report [REDACTED] 05-28-2013 documented that the

patient has undergone physical therapy to treat lumbar spine complaints. Medical records document that patient had physical therapy in 2010 for lumbar complaints. Patient also had physical therapy in 2013. MTUS and ODG guidelines recommend up to 10 visits over 8 weeks. Therefore, the request for additional Physical Therapy (PT) visits would exceed clinical guideline recommendations. Therefore, the request for outpatient physical therapy (pt)two times per week over three weeks for lumbar spine is not medically necessary.