MAXIMUS Federal Services

Case Number:	CM13-0012462		
Date Assigned:	09/19/2013	Date of Injury:	03/31/2011
Decision Date:	09/09/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 44-year-old male bus driver injured on 03/31/2011 when he was the restrained driver of a school bus and was struck by a pick-up truck on the driver's side. He was dazed and confused after the accident and the next morning awoke with pain in the neck, as well as upper and lower back. He is currently working his regular job. He continues to have neck pain with radiation to bilateral upper extremities, upper and lower back pain, with numbness and tingling, and radiating pain in the bilateral lower extremities, and headaches. He was previously treated with unknown pain medications and anti-inflammatory agents. He has received 12 physical therapy visits with minimal pain relief. Physical exam reveals hyperlordosis, guarded movement, and tenderness to palpation of the quadratus lumborum with trigger points, and sciatic notch tenderness. There is normal lumbar flexion with fingertips to floor. Extension is 20 degrees, right and left lateral tilt are 25/25, and right and left rotation are normal. Straight leg raise, Lasegue's, sciatic notch, Patrick's FABERE, piriformis and popliteal tests and Iliac compression test are all negative. Sensation was intact to touch. Reflexes were 2+ bilaterally. Deep tendon reflexes are 2+. Muscle motor testing of quadriceps, hamstrings, peroneal, gastrocnemius, and extensor hallucis longus are 5/5. Prior MRI of a year ago was completely normal. Diagnosis is lumbar strain. Physical therapy and MRI of the lumbar spine were recommended. The requests for physical therapy and MRI of the lumbar spine are denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy criteria.

Decision rationale: As per MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy, and 10 visits over 8 weeks for lumbar sprains and strains, or lumbago / backache. MTUS Guidelines state that physical medicine should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request would exceed the guidelines recommendation, since he has already received 12 PT visits. As such, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

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

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 pain, MRI.

Decision rationale: According to the MTUS Guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG Guidelines, MRI is recommended in uncomplicated low back pain; with radiculopathy after at least 1 month of conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag sings, in cauda equina syndrome or with severe progressive neurological deficits following trauma. In this case, there are no evidence of any red flag signs, history of past or plans for lumbar surgery, history of trauma or cauda equina syndrome. Furthermore, there are no objective findings indicative of nerve root compression. As such, the request is not medically necessary.