

Case Number:	CM13-0021413		
Date Assigned:	12/18/2013	Date of Injury:	01/24/2008
Decision Date:	04/09/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a female patient with the date of injury of January 24, 2008. A utilization review determination dated August 23, 2013 recommends partial certification for only two physical therapy visits and non-certification of lumbar MRI without contrast. The previous reviewing physician recommended partial certification for only two physical therapy visits due to facilitate in an effort to facilitate said transition to a HEP and non-certification of lumbar MRI without contrast due to lack of documentation of objective evidence of radiculopathy. A Doctor's First Report identifies Subjective Complaints of pain in the right buttocks that radiates down the right lower extremity with numbness and difficulty walking. Objective Findings identify tenderness in the lumbar spine and lower right buttocks. Diagnoses identify lumbar strain with radiculopathy. Treatment Rendered identifies modified work status, physical therapy 2x3, and MRI lumbar spine requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, MTUS definitions, 9792.20- functional improvem.

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

Decision rationale: Regarding the request for Physical therapy for the low back (6 sessions), 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 no documentation of objective functional deficits physical therapy is meant to address. There is no documentation of treatment goals. In the absence of such documentation, the current request for Physical therapy for the low back (6 sessions) is not medically necessary.

An MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 304, 309. Decision based on Non-MTUS Citation ODG-TWC, Acute & Chronic Lumbar and Thoracic Spine complaints (updated 5/10/13): indications for MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI of the lumbar spine without contrast, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the medical information made available for review, there is no documentation of unequivocal objective findings that identify specific nerve compromise on the neurologic examination that have not respond to treatment. In the absence of such documentation, the currently requested MRI of the lumbar spine without contrast is not medically necessary.