

Case Number:	CM13-0023846		
Date Assigned:	01/15/2014	Date of Injury:	07/06/2009
Decision Date:	03/20/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 43 year-old female who was injured on 7/6/2009. According to the 8/13/13 pain management report from [REDACTED], the patient presents with low back and leg pain. She was diagnosed with lumbar radiculopathy; stenosis, lumbar; thoracic DDD and obesity. She is s/p left foot surgery on 2/11/13. Pain was 7/10 but ranges form 6-10/10. Physical exam shows "well nourished, well hydrated, no acute distress" UDT was ordered, PT x6 was requested as well as a neurosurgical consultation for reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request for the lumbar MRI was from the 8/13/13 report from [REDACTED]. There was no rationale provided for the lumbar MRI other than [REDACTED] was sending the patient to a neurosurgeon for reevaluation and the neurosurgeon requires an MRI prior to

seeing the patient. California Workers Compensation requires treatment for industrial injuries be in accordance with MTUS guidelines. MTUS/ACOEM states 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 who 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. [REDACTED] has not identified a specific nerve compromise. There was no physical exam performed other than observation, and therefore no clinical findings suggestive of nerve compromise. The request for a lumbar MRI without physical or neurological exam findings suggestive of nerve compromise is not in accordance with MTUS/ACOEM guidelines.

A consultation with a neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The pain management physician has not performed an orthopedic or neurologic examination of the patient's back or leg and the patient's main complaint appears to deal with the back and leg. ACOEM states that if there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The exam findings on 8/13/13 are well nourished, well hydrated, no acute distress. This does not describe a clear indication for surgery. The request is not in accordance with MTUS/ACOEM guidelines.

Physical therapy for the lower back (6 sessions): 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): 98-99.

Decision rationale: The patient has back and left leg pain, and underwent left foot surgery on 2/11/13. The records show 8 sessions of PT in May 2013 for the left foot. There are no records of PT for the lumbar spine. MTUS recommends up to 8-10 sessions for various myalgias and neuralgias. The request for six sessions appears to be within MTUS guidelines.