

Case Number:	CM13-0028393		
Date Assigned:	11/27/2013	Date of Injury:	04/09/2013
Decision Date:	02/20/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/24/2013

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 and is licensed to practice in Indiana, Illinois and Texas. 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:

The patient is a 49-year-old male who reported an injury on 04/09/2013. The mechanism of injury was a fall. The resulting injuries were to his upper and lower back, left shoulder, left side of head, left leg, and left ankle. The patient initially had x-rays of all affected areas (not available for review), and was given prescriptions for Norco, ibuprofen, and an anti-emetic. Initial physical examination revealed limited range of motion in the lumbar spine due to pain, motor strength 5/5 in the bilateral lower limbs, normal sensation throughout, and normal reflexes throughout. The patient is also noted to have had normal reflexes and motor strength in the bilateral upper extremities with normal sensation throughout, full shoulder range of motion, and moderate tenderness with palpation. The patient was prescribed physical therapy in 04/2013 for persistent pain, limiting his range of motion. An x-ray of the lumbar spine performed on 07/15/2013 revealed no evidence of spondylolisthesis, minimal degenerative changes at L4 and L5, with well-maintained disc space. The patient's current range of motion values were obtained on 09/30/2013, and include lumbar flexion of 10 degrees and extension of 5 degrees. Straight leg raising was negative bilaterally, with reflexes, motor strength, and sensation not tested. As of 09/30/2013, it is noted that the patient has not yet completed his 12 sessions of physical therapy, but did not state how many sessions he had completed. A complete list of the patient's medications was not provided; however, it is noted that he is on Pantoprazole DR, 20 mg daily; ultracin 120 mg, to apply to skin as needed; and Synovacin 500 mg #90, no instructions provided. The patient's current diagnoses include cervical spine enthesopathy/sprain/strain, left shoulder sprain/strain, left shoulder impingement syndrome, left shoulder tendinopathy, lumbosacral enthesopathy/sprain/strain, left knee sprain/strain, persistent abdominal pain with suspected

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies such as MRI, unless physical examination provides evidence of tissue insult or nerve impairment. According to the most recent clinical note dated 09/30/2013, the patient does not have any objective findings of neurological impairment. Other than a decrease in range of motion and subjective complaints of intermittent numbness and tingling, there are no indications that the patient has any nerve compromise. Imaging in patients that do not have a clear physical examination findings suggestive of nerve insult, may result in false positive findings and unwarranted treatment. As such, the request for MRI scan of the lumbar spine is non-certified.

Twelve (12) physical therapy sessions for lumbar, neck, left shoulder, left knee and left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Guidelines recommend up to 10 visits for unspecified myalgia and neuralgia after an initial 6 visits have been completed to determine treatment efficacy. There were several notes included for review that stated the patient had been prescribed a physical therapy program; however, on the 09/30/2013 noted, the physician wrote that the patient was not attending a supervised therapy program and went on to say that he encouraged the patient to complete his previously prescribed 12 sessions. As there were no physical therapy notes included for review, program efficacy and objective improvement cannot be determined at this time. It is also unclear how many sessions the patient actually attended, as this was not discussed in the medical records submitted. As the patient is noted to have poor compliance with attending physical therapy sessions and there were no session notes available for review, medical necessity cannot be determined. As such, the request for 12 physical therapy sessions for lumbar, neck, left shoulder, left knee, and left ankle is non-certified.

