

Case Number:	CM13-0036494		
Date Assigned:	12/13/2013	Date of Injury:	10/10/2009
Decision Date:	02/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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.

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 patient has a date of injury of October 10, 2009. A utilization review determination dated October 20, 2013 recommends noncertification of re-evaluation between October 9, 2013 and November 23, 2013, noncertification of MRI of the lumbar spine with and without contrast, and noncertification of 8 physical therapy visits. Noncertification is recommended due to, "given the failure to establish the necessity of surgery at this point, the concurrent requests for postoperative reevaluation and 8 postoperative PT visits are similarly not warranted. As for the request for lumbar MRI, it was not stated why a new study is needed at this point. Guidelines state that repeat MRI is not routinely recommended." A utilization review appeal letter dated October 24, 2013 states, "at this point in time, prompt surgical intervention is necessary to avoid excessive suffering and unnecessary complications. The presence of spinal vertebral pathology and the unresolved incapacitating pain after extensive treatment makes my patient an excellent candidate for fusion surgery. Definitive treatment is vital to allow functional restoration and expeditious return to activities." The note goes on to quote Occupational Medicine Practice Guidelines stating, "only patients with evidence of severe spinal disease or severe debilitating symptoms and physiologic evidence of specific nerve root compromise confirmed by appropriate imaging studies can be expected to potentially benefit from surgery." The note goes on to identify, "surgery is an appropriate treatment option as the patient has already exhausted prolonged conservative care with physical therapy, acupuncture, and medications." The note goes on to state, "it is my opinion that an MRI scan is necessary to aid in assessing the patient's persistent pain which will be helpful to the proposed surgery." A progress report dated August 29, 2013 states, "subjective complaints: the patient complained of increased back and leg pain. His back and leg c

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for "reevaluation", California MTUS and ODG guidelines do not contain criteria for "reevaluation". Occupational Medicine Practice Guidelines recommend regular follow-up when treating industrial injuries. Within the documentation available for review, it is unclear why the requesting physician is asking for a "reevaluation." Regular follow-ups have already been performed, and an initial evaluation, consultation, or "reevaluation," would seem to be redundant. The previous reviewer presumed that this was a request for postsurgical reevaluation. It is not clear that surgery is indicated at the current time, so this would be unwarranted as well. In the absence of clarity regarding the above issues, the currently requested "reevaluation" is not medically necessary.

MRI of the Lumbar Spine with and without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for lumbar MRI, 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. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation

available for review, it appears the patient has undergone a lumbar MRI in 2013. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. In the absence of such documentation, the currently requested repeat lumbar MRI is not medically necessary.

8 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

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 additional physical therapy, 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 indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it appears this is a request for postoperative physical therapy. It is unclear whether or not surgery is warranted at the present time, as it appears conservative treatment options are still being entertained. In the absence of clarity regarding those issues, the current request for additional physical therapy is not medically necessary.