

Case Number:	CM13-0046584		
Date Assigned:	01/10/2014	Date of Injury:	10/29/2001
Decision Date:	04/23/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

This 38 year-old male sustained an injury on 10/29/01. Requests under consideration include MRI scan with gadolinium and physical therapy. Diagnoses include status post decompressive laminectomy L4-S1, disc excision L4-5 and L5-S1 with fusion instrumentation on 6/10/08. Report of 9/18/13 noted the patient stating he has been doing reasonably well without leg pain or weakness in his lower extremities, but still with some occasional intermittent low back if he does a lot of gardening; he has been somewhat lackadaisical about doing his exercises. Exam noted patient with 5/5 motor strength; 1+ patellar reflexes; negative babinski and clonus; sensory intact; capable of toes and heel walking without difficulty; lumbosacral motions capable of touching ankle with fingertips, extension and bilateral bending to 30 degrees. X-rays performed on 9/18/13 and noted to be interpreted by the provider documented osteometallic fusion, which appears to be incorporating quite nicely; no adjacent segment degenerartion noted. Diagnoses were status post L4-S1 fusion with instrumentation on 6/10/08; musculoligamentous strain of the lumbosacral spine; and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN WITH GADOLINIUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The ACOEM Guidelines state that the criteria for ordering imaging studies, such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, a review of the submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, deep tendon reflexes, and sensation throughout the bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Therefore, the requested MRI is not medically necessary or appropriate.

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98-99.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. In this case, there are unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received conservative treatment for this 2001 injury without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support this treatment request. The submitted reports show no acute flare-up or specific physical limitations to support physical therapy at this time. Therefore, the requested physical therapy is not medically necessary or appropriate.