

Case Number:	CM13-0061148		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2012
Decision Date:	05/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgeon and is licensed to practice in 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 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:

The patient is a 38-year-old female who reported an injury on 11/26/2012 after a fall of approximately 2 feet from a ladder. The patient reportedly sustained an injury to her low back. The patient's treatment history included activity modifications, medications, and a lumbar support. The patient's most recent clinical evaluation documented the patient had persistent low back pain described as 4/10 that was exacerbated with repetitive motions. Physical findings included no tenderness or spasm along the paravertebral musculature with tenderness to palpation of the coccyx area and pain with lumbar range of motion. It was noted the patient had a negative straight leg raise test, a normal sensory examination, normal motor strength of the lower extremities, and normal deep tendon reflexes of the lower extremities. It was documented the patient had an x-ray of the lumbar spine that revealed a healed L2 compression fracture with normal alignment and normal bone density. The patient's diagnoses included chronic low back pain and an L2 compression fracture. The patient's treatment recommendations included physical therapy and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine.

Decision rationale: The Expert Reviewer's decision rationale: The requested physical therapy 2 times a week for 4 weeks is not medically necessary or appropriate. Official Disability Guidelines do recommend 8 physical therapy visits for patients that have a fracture of the vertebral column without spinal cord injury. Official Disability Guidelines recommend a 6-visit clinical trial to establish efficacy of this treatment modality. The clinical documentation submitted for review does not provide any evidence the patient has previously undergone any physical therapy for this injury. Therefore, a 6-visit trial would be appropriate. The requested 8 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 2 times a week for 4 weeks is not medically necessary or appropriate.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend imaging studies for patients who have clear physical evidence of radiculopathy. The clinical documentation submitted for review does not provide any evidence the patient has any radicular findings. There is no documentation of motor strength weakness, disturbances in sensation, or depressed deep tendon reflexes of the lower extremities. Therefore, the need for an MRI is not clearly established. Additionally, ACOEM recommends that a patient undergo a period of conservative treatment to include active therapy prior to consideration of an MRI. The documentation submitted for review does not provide any evidence that the patient has undergone any physical therapy for this injury. Therefore, the need for an MRI is not clearly identified. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.