

Case Number:	CM13-0068315		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	04/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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. 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 patient with a date of injury of 3/26/13. A utilization review determination dated 11/26/13 recommends non-certification of repeat MRI of the lumbar spine and a lumbar support. PT was modified from 12 to 6 visits. 11/11/13 medical report identifies low back pain with radiation into the LLE. On exam, there is tenderness, spasm, positive SLR, and decreased sensation at the plantar aspect of the left foot. Treatment plan includes PT, a repeat MRI to evaluate the patient's pars defect, and a lumbar support given that the patient has spondylolisthesis, pars defect, and protruding disc. 8/30/13 medical report recommends a bone scan to ensure that the pars defect is not an acute fracture. 8/19/13 PT report indicates that it is PT visit #6 and identifies that the patient has decreased symptoms after treatment and performing exercises, but symptom management is short-lived. 5/30/13 lumbar spine MRI report identifies: Bilateral L5 pars defects with grade I L5-S1 spondylolisthesis; 4 mm leftward disc herniation at L5-S1 causes mild-to-moderate narrowing of the left neural foramen with contact of the exiting left L5 nerve root; No significant central canal narrowing at any level; Posterior angulation and displacement of the tip of the conus medullaris at the level of L2 raises the possibility of spinal cord tethering. Please correlate with clinical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Physical Therapy

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

Decision rationale: Regarding the request for Physical Therapy 3x4 for the lumbar spine, it should be noted that the request was modified to a trial of 6 sessions by utilization review. California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions. The sessions were noted to provide some short-lived symptom relief, but there is no documentation of specific objective functional improvement with the previous sessions. Subsequently, it does appear that the patient had an exacerbation with some new findings including positive SLR and decreased sensation at the plantar aspect of the left foot. Given the exacerbation and new findings, a few sessions of PT may be appropriate; however, the California MTUS supports only up to 10 PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical Therapy 3x4 for the lumbar spine is not medically necessary.

MRI scan of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure Summary - Low Back, MRIs (magnetic resonance imaging)

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, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI scan of the lumbar spine, it is noted to be a repeat MRI and the California MTUS does not address this specific issue. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is documentation of a recent exacerbation and new neurological findings that were not present previously including a positive SLR and decreased sensation at the plantar aspect of the left foot. The previous MRI was positive for pars defects and narrowing of the left neural foramen with contact of the exiting left L5 nerve root, and it is reasonable to repeat the study given the new neurological findings to evaluate for progress of the pathology so that the appropriate treatment plan can be developed. In light of the above, the currently requested MRI scan of the lumbar spine is medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for a lumbar support, the CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, there is documentation of a recent exacerbation and MRI findings of pars defects and a grade I spondylolisthesis, but there is no indication of any spinal instability or another clear rationale for a lumbar support beyond the acute stage of injury. In light of the above issues, the currently requested lumbar support is not medically necessary.