

Case Number:	CM14-0002707		
Date Assigned:	01/29/2014	Date of Injury:	01/31/2013
Decision Date:	06/16/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 Surgery, 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:

The injured worker is a 31 year-old female who sustained an injury on January 31, 2013. The diagnosis is noted as a sprain of the lumbar region. The injured worker has a history of chronic back pain associated with a cumulative trauma disorder dating back to October 2012. Treatment to date has included multiple medications, multiple providers, unspecified amount of physical therapy, and enhanced imaging studies in December 2012 that noted a broad-based disc bulge at L4/L5 with resultant spinal canal stenosis. Noncertification of additional physical therapy, MRI and a referral to a chronic pain management protocol is noted. Progress notes dated January 2013 report a complaint of low back pain and history of chronic low back pain with left lower extremity involvement. Epidural steroid injections were suggested and medications were prescribed. Follow-up clinical assessment noted no real improvement, clinical situation, or physical examination. The assessment was chronic low back pain. A separate orthopedic assessment was completed in March 2013 and no motor or sensory loss was identified. Some muscle spasm is present. An MRI lumbar spine was sought. The follow-up evaluation noted therapy was completed and the MRI had been authorized, but the injured had not pursued the procedure. The physical examination noted some muscle spasm and a slight sensory loss in the L5 dermatome. The pain complaints continued, the physical examination was essentially unchanged, and the diagnosis continued to be lumbar strain and a chronic S1 radiculopathy. A complaint of headache was added to the problem list on the July evaluation. At that time, chiropractic care was outlined. Multiple sessions of chiropractic care were completed. MRI noted multiple level disc bulging and a protrusion at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR ADDITIONAL PT 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: The standards for additional physical therapy, as outlined in the MTUS, are that there needs to be an objectified positive response relative to the physical therapy already completed to authorize further treatment. When noting the complaints of pain, the findings on physical examination (unchanged for months on end), and the abilities identified, there is insufficient clinical data presented to suggest the need for any additional physical therapy. As such, the request is not medically necessary.

REPEAT MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: The criteria for a repeat lumbar MRI include unequivocal objective findings to support a nerve root compromise. Given that an MRI was completed several months ago and the pathology has been objectified with no changes on physical examination, there is insufficient data presented to support this request. The guidelines for repeat MRI have not been met. As such, the request is not medically necessary.