

Case Number:	CM14-0004166		
Date Assigned:	02/03/2014	Date of Injury:	07/27/2008
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 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 is a patient with a date of injury of 7/27/08. A utilization review determination dated 12/19/13 recommends non-certification of a lumbar spine MRI (magnetic resonance imaging) and physical therapy for a trial of lumbar traction. No clinical records from the provider were included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR TO EVALUATE FOR HNP L2-3 ON RIGHT: 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): 303-304.

Decision rationale: Regarding the request for MRI (magnetic resonance imaging) lumbar to evaluate for HNP (herniated nucleus pulposus) L2-3 on right, the California MTUS and ACOEM note 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. Within the documentation available for review, there is no documentation of any red flags, clinical findings suggestive of nerve root

compromise, or another clear rationale for the MRI. In the absence of such documentation, the currently requested MRI lumbar to evaluate for HNP L2-3 on right is not medically necessary.

PHYSICAL THERAPY, THREE SESSIONS FOR TRIAL OF TRACTION TO LUMBAR: 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): 300.

Decision rationale: Regarding the request for the physical therapy, three sessions for trial of traction to lumbar, the California MTUS and ACOEM noted that traction has not been proved effective for lasting relief in treating low back pain. In light of the above issues, the currently requested physical therapy, three sessions for trial of traction to lumbar is not medically necessary.