

Case Number:	CM14-0101554		
Date Assigned:	07/30/2014	Date of Injury:	08/06/2012
Decision Date:	10/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 Emergency Medicine 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 injured worker is a 57-year-old female who reported an injury on 08/06/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbosacral radiculopathy. The injured worker's past treatments include physical therapy and medications. The injured worker's diagnostic testing included official x-ray of the lumbar spine on 03/26/2014, which revealed narrowing at L5-S1. The injured worker had an unofficial MRI of the lumbar spine on 10/05/2012, which indicated a 2 mm disc protrusion at L4-L5. The injured worker surgical history was not provided. On the clinical note dated 05/09/2014, the injured worker complained of pain in the lower back with radicular symptoms to the legs. The injured worker had range of motion of the lumbar spine with flexion at 50 degrees, extension at 20 degrees, lateral bending of the right at 20 degrees, and left 20 degrees, positive straight leg raise, tightness and spasms in the lumbar paraspinal musculature noted bilaterally. On the clinical note dated 05/07/2014, the injured worker's medication included pain medications. On the clinical note dated 03/28/2014, the injured worker's medications included Flurbiprofen 10%/Capsaicin 0.25% /Menthol 2% /Camphor 1% 120 gm cream for local pain relief. The request was for physical therapy 2 to 3 times a week for 6 weeks to the lumbar spine and MRI of the lumbar spine. The rationale for the request for the MRI was to establish the presence of disc pathology, rationale for physical therapy was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two to three times a week for six weeks to the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker is diagnosed with lumbar radiculopathy. The injured worker complains of low back pain with radicular symptoms to the legs. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines recommend 9 to 10 visits over 8 weeks. The injured worker was noted to have lumbar range of motion with flexion at 50 degrees, extension at 20 degrees, lateral bending of the right at 20 degrees and left at 20 degrees, a positive straight leg raise test, and tightness and spasms in the lumbar paraspinal musculature bilaterally. There is a lack of documentation indicating the number of sessions and the efficacy of the prior therapy. There is a lack of documentation indicating improved pain rating from physical therapy. There is a lack of documentation that indicates significant objective functional deficits to warrant additional visits of physical therapy. Additionally, the request is for 18 visits of physical therapy and the guidelines state 9 to 10 visits. As such, the request for physical therapy two to three times a week for six weeks to the lumbar spine is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The injured worker is diagnosed with lumbar radiculopathy. The injured worker complains of lower back pain with radicular symptoms to the legs. The California MTUS/ACOEM Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. When the neurologic examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Magnetic resonance neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. The injured worker had range of motion that was slightly decreased with flexion at 50 degrees and extension at 20 degrees. The injured worker had a positive straight leg raise and tightness and spasms in the lumbar paraspinal musculature bilaterally. The medical records indicated the injured worker has attended physical therapy, the number of sessions was not provided. The

requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, there is a lack of documentation of significant findings of neurologic deficit upon physical examination of the lumbar spine. As such, the request for an MRI of the lumbar spine is not medically necessary.