

Case Number:	CM14-0014369		
Date Assigned:	02/26/2014	Date of Injury:	07/22/2008
Decision Date:	06/27/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/04/2014

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 and is licensed to practice in Texas and Ohio. 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 53-year-old male with a reported date of injury on 07/22/2008. The injury reportedly occurred while the worker was performing duties as a fire fighter. The injured worker presented with left side sciatica pain with numbness and tingling extending down to his toes. The lumbar MRI dated 08/27/2013 revealed left disc extrusion along the left L4-5 and 7 mm protrusion from L5-S1, with mild bilateral neural foraminal stenosis right greater than left at L4-5. The injured worker's diagnosis included sciatica. According to the clinical note dated 01/14/2014, the physician noted that there were no acute neurological changes and no gross instability. The physician continued to note that there was good dorsiflexion strength and straight leg raises were negative bilaterally. The injured worker's medication regimen included Valium 5 mg, allopurinol, colchicine-probenecid tabs, and Percocet. Please note that 15 pages of the clinical documentation available for review was blank. The Request for Authorization for physical therapy to the thoracolumbar spine and thoracic MRI to rule out herniated nucleus pulposus and bilateral hip/pelvis MRI to rule out avascular necrosis was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE THORACOLUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines physical medicine is not medically necessary. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend physical therapy for 8 to 10 visits over a 4 week period. There was a lack of clinical information provided for review related to the previous physical therapy. The clinical information provided for review lacked documentation related to the injured worker's functional deficits and the goal in utilizing physical therapy to decrease those functional deficits. In addition, the request as submitted did not provided the quantity and frequency for the requested physical therapy. Therefore, the request for physical therapy to the thoracolumbar spine is not medically necessary.

THORACIC MRI TO RULE OUT HERNIATED NUCLEUS PULPOSUS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The Neck and Upper Back Complaints/ACOEM guidelines state that for most patients presenting with neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies would include emergence in a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in strengthening program intended to avoid surgery and clarification of the anatomy prior to the invasive procedure. The clinical information provided for review lacks documentation of severe and/or progressive neurological deterioration. In the physical exam the injured worker had negative straight leg bilaterally, did not present with numbness or tingling, muscle weakness or increase of spasticity in the legs. Therefore, the request for thoracic MRI to rule out herniated nucleus pulposes is not medically necessary.

BILATERAL HIP/PELVIS MRI TO RULE OUT AVASCULAR NECROSIS: 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) Hip and Pelvis, MRI (magnetic resonance imaging).

Decision rationale: According to the Official Disability Guidelines, MRIs are recommended as indicated to include , osteonecrosis, articular or soft tissue abnormalities, osteonecrosis, and stress fracture, acute and chronic soft tissue injuries or tumors. Within the clinical information provided for review, there was a lack of documentation related to significant hip pathology. Necrosis generally affects the hip, shoulder, knee, hand, and foot joints. In addition, the pain develops gradually into persistent pain. There was a lack of documentation related to the symptoms of avascular necrosis. The injured worker presented with left sciatica pain. Therefore, the request for bilateral hip/pelvis MRI to rule out avascular necrosis is not medically necessary.