

Case Number:	CM14-0015980		
Date Assigned:	06/04/2014	Date of Injury:	07/14/2011
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation, 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 50-year-old male who reported an injury on 07/14/2011. The mechanism of injury was reported to be lifting. Per the evaluation note dated 03/03/2014, the injured worker reported low back pain rated 7/10 with lower extremity symptoms, 6/10 thoracic pain, and 5/10 cervical pain with upper extremity symptoms. On physical exam, the injured worker was reported to have tenderness over the entire length of the spine with limited range of motion. Neurologically, he was unchanged. He did have a positive straight leg raise; however, lumbar/paraspinal musculature spasms had decreased. The injured worker indicated numbness to both legs when he sits for extended periods of time. On physical exam, the injured worker was noted to have diffuse tenderness to the cervical spine with full range of motion. The thoracolumbar spine was reported to have diffuse tenderness throughout, particularly in the lower lumbar area midline. Range of motion for the lumbar spine reported forward flexion of 30 degrees, extension 10 degrees, and a positive straight leg raise. On examination of the lower extremities, proximal and distal motor strength was normal, sensation was intact to light touch and pinprick, deep tendon reflexes were symmetrical in the knee and ankle. Diagnoses for the injured worker were reported to include thoracic and lumbar disc displacement, lumbar degenerative disc disease, paracentral disc displacement L4, L5 level, and left paracentral protrusion L5-S1. The request for authorization for medical treatment for the PT of the lumbar spine and the MRI of the lumbar spine was dated 01/15/2014. The provider's rationale for the request for the MRI was increased symptoms to the lower extremities and further physical therapy was for weight loss. The injured worker was reported to have undergone previous physical therapy, previous chiropractic therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LUMBAR SPINE QTY :12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, active the patient 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process and were to maintain improvement levels. The guidelines recommended 8 to 10 visits over 4 weeks, in addition, allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There was a lack of documentation regarding the efficacy of previous physical therapy sessions including an increase in functionality. There was a lack of documentation recent clinical data regarding the lumbar spine including an adequate assessment of the injured worker's condition which demonstrated significant functional deficits. There was a lack of documentation regarding a home based exercise program for the injured worker and his compliance with that program. In addition, the frequency of the requested treatment was not provided. Therefore, the request for physical therapy to the lumbar spine, quantity of 12, is not medically necessary and appropriate.

MRI OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, no tests are recommended for nonspecific low back pain. The guidelines recommend an Magnetic Resonance Imaging (MRI) when cauda equina tumor, infection, or fracture are strongly suspected and plain film radiographs are negative and MRI is the test of choice for patients with prior back surgery. 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 who would consider surgery an option. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There was a lack of documentation indicating whether diagnostic studies such as x-rays or electrodiagnostic studies were previously performed. There was a lack of objective

findings that identified specific nerve compromise upon neurological examination including decreased sensation, lower extremity weakness, and decreased reflexes. Therefore, the request for the MRI of the lumbar spine is not medically necessary and appropriate.