MAXIMUS Federal Services

Case Number:	CM14-0019175		
Date Assigned:	04/23/2014	Date of Injury:	03/01/2013
Decision Date:	07/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 patient is a 42-year-old female who was injured on 03/01/2013 due to cumulative injury. The medication treatment includes Ultram, Motrin, and ibuprofen. Diagnostic studies reviewed include x-rays of the lumbosacral spine dated 08/12/2013, which showed no fractures or dislocations. It did show some osteoarthritis and degenerative disc disease, which was age-related. An MRI of the lumbar spine dated 04/05/2013 showed that in the L1-L2 there was disc desiccation of about 1 mm close to the central disc. L2-L3 showed a disc desiccation as well. There was 1 mm posterior disc bulge. The L4-5 showed 2 mm right neural foraminal disc bulge with inferior right neural foraminal narrowing/ The L5-S1 did show disc desiccation as well. There was a 4 mm left neural foraminal narrowing and left far lateral disc bulge. There is moderate to severe left neural foraminal disc protrusion with focal annular tear. Progress note dated 11/01/2013 documented the patient with complaints of lower back pain radiating down her left leg. She is unable to do activities of daily living (ADLs) and her main problem is ambulating. She has pain climbing up and especially down stairs. Turning and any sudden movement is painful. No bowel or bladder problems or motor deficits. Objective findings on exam reveal paraspinal tenderness, positive tenderness midline, and positive tenderness in mid paraspinals and left paraspinals. The range of motion is decreased to flexion 20 degrees, extension 10 degrees, right rotation 15 degrees, left rotation 20 degrees and is painful. Motor strength is 5/5 in all groups bilaterally. Sensation of light touch is decreased on the left specifically L4-5 distribution with tingling. Trendelenburg gait is present. The patient has a positive straight leg raise at 40 degrees on the left versus negative on the right. The assessment revealed 1) displacement of lumbar intervertebral disc without myelopathy, 2) lumbar sprain and strain, and 3) degeneration of lumbar or lumbosacral intervertebral disc. The PR-2 dated 01/28/2014 documents the patient was to start physical therapy to the cervical spine and lumbar

spine. MRI requested of the cervical and lumbar spine. Home exercise program and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: According to the CA MTUS guidelines, MRI is recommended for disc protrusion, cauda equine syndrome, spinal stenosis and post-laminectomy syndrome. According to ODG, MRI is not associated with better health outcomes and is associated with increased likelihood of disability and its duration. Recent research indicated that more than half of requests for MRI of the lumbar spine are ordered for indications considered inappropriate or of uncertain value, pointing to evidence of substantial overuse of lumbar spine MRI scans. The medical records document the patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbar sprain and strain, and degenerative of lumbar or lumbosacral intervertebral disc. The findings of MRI of lumbar spine dated 4/5/2013 support the diagnosis. In the absence of documented of clear indication for this request and as additional MRI will not improve the outcome of patient condition, the request is not medically necessary according to the guidelines.

PHYSICAL THERAPY (3 X 6) TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to CA MTUS guidelines, physical medicine is recommended as a modality of treatment that is very important in reducing swelling, decreasing pain, and improving range of motion the guidelines include allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The number of visits recommended for cases of neuralgia, neuritis, unspecified is 8-10 visits over 4 weeks. The medical records document the patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbar sprain and strain, and degenerative of lumbar or lumbosacral intervertebral disc. The findings of MRI of lumbar spine dated 4/5/2013 support the diagnosis. As the session number of the request is exceeding the number of recommended in the

guidelines, further the request not allowed for fading of treatment frequency, the request is not medically necessary according to the guidelines.