

Case Number:	CM14-0124212		
Date Assigned:	08/08/2014	Date of Injury:	08/04/2008
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Orthopedic Surgery 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 58-year-old female who injured her low back on 08/04/08. The medical records provided for review included an assessment dated 07/18/14 that noted continued complaints of low back pain with radiating pain to the leg. The claimant also had bilateral knee complaints for which arthroplasty was being recommended. It was documented that the claimant also had a post injury diagnosis of depression. Physical examination findings showed restricted range of motion of the lumbar spine, 5/5 motor strength, bilaterally positive straight leg raising, and stiffness to the right knee with flexion. Reviewed at that visit were lumbar radiographs from 2012 showing disc space narrowing at multiple levels. The records documented that conservative treatment has included an aggressive course of physical therapy, medication management and activity restrictions. In light of the claimant's ongoing complaints, the recommendation was made for continuation of physical therapy for an additional twelve sessions and an updated MRI scan of the claimant's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks, Twelve (12) sessions total for the Low Back Area: 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 Chronic Pain: Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for twelve sessions of physical therapy for the low back is not recommended as medically necessary. The documentation indicated that the claimant recently finished a course of physical therapy. While it is noted that the claimant continues to have chronic pain complaints, the Chronic Pain Guidelines recommend physical therapy in the chronic setting for an acute symptomatic flare for nine to ten visits over an eight week period of time. Given the claimant's recent physical therapy performed and the fact that the requested twelve sessions of therapy exceeds the Chronic Pain Guideline criteria for treatment in the chronic setting, the request for this additional physical therapy would not be supported.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter: Indications for imaging--Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

Decision rationale: California ACOEM Guidelines do not support the request for a repeat lumbar MRI. While the claimant is noted to have chronic pain complaints, there is no documentation of acute clinical findings or unequivocal objective finding of nerve compression on neurologic examination of an acute nature that would warrant repeat imaging. Although the claimant's pain complaints continue to persist, without documentation of acute clinical findings, a repeat MRI scan would not be supported.