

Case Number:	CM14-0125149		
Date Assigned:	08/11/2014	Date of Injury:	06/26/2006
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology has a subspecialty in Pain 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 61 year old female injured on 06/26/06 as a result of prolonged trauma due to holding her head in a fixed position at a desk. Injured worker reported symptoms began progressively and steadily worsened until she reported her injury on the specified date as neck pain and low back pain. Clinical note dated 07/15/14 indicated the injured worker presented complaining of neck pain radiating to shoulders rated 7/10 with no recent therapy. Physical examination revealed tenderness to palpation along the lateral cervical spine with spasm, decreased range of motion, strength 5/5 to bilateral upper extremities and lower extremities, sensation intact to bilateral upper extremities and lower extremities, 2+ deep tendon reflexes to bilateral upper extremities and lower extremities, and negative special tests on examination. Medications listed included Naprosyn, sonata, vicodin, Prevacid, Ambien, and vitamin B12. The initial request for MRI of lumbar spine and physical therapy - unspecified was non-certified on 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the presence of radiculopathy or neurologic deficit. As such, the request MRI scan lumbar spine is not medically necessary.

PHYSICAL THERAPY - UNSPECIFIED: 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.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. However, the request fails to specify the area to be addressed, number of sessions, and modalities to be utilized. Therefore, the medical necessity of the physical therapy - is not medically necessary.