

Case Number:	CM14-0132871		
Date Assigned:	08/22/2014	Date of Injury:	05/16/2007
Decision Date:	09/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Management and is licensed to practice in Tennessee. 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 32-year-old female who has submitted a claim for sprain of lumbar area associated with an industrial injury date of July 23, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. She had a history of lumbar strain when pregnant with her daughter in 2007. She saw her primary care physician who ordered an MRI of the lumbar spine that showed degenerative disc disease. Since then she always had pain (5-6/10), but this was tolerable enough to work with until July 23, 2014 (the date of her current injury), at which her pain flared to severely intolerable pain that was 10/10. Examination of the lumbar spine showed decreased ROM and significant tenderness. Straight leg raise was negative bilaterally. Lower extremity neurologic exam was essentially normal. A lumbar spine x-ray conducted on July 23, 2014 is not available for review. Treatment to date has included medications. Utilization review from August 15, 2014 denied the request for lumbar spine X-rays, five (5) views QTY 1 because no justification for performing repeat lumbar spine x-ray just 2-3 weeks after such x-rays were performed was provided. The request for Physical therapy, lumbar spine QTY: 12. The request for X-rays was modified to Qty: 6. However, the reason for this modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine X-rays, five (5) views QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: According to pages 303-305 of the ACOEM Practice Guidelines referenced by CA MTUS, x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the patient did not present with red flags for serious spinal pathology. Moreover, there was no new injury since the last lumbar spine x-ray which was conducted just two weeks prior. It is unclear why a repeat lumbar spine x-ray would be necessary. Therefore, the request for lumbar spine X-rays, five (5) views QTY: 1 is not medically necessary.

Physical therapy, lumbar spine QTY:12: Upheld

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

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks. The recommended number of visits for neuralgia, neuritis and radiculitis is 8-10 visits over 4 weeks. In this case, patient presented with low back pain corroborated by tenderness and restricted range of motion. Physical therapy is a reasonable treatment option at this time. However, the requested number of visits of 12 exceeds the recommended number of visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for physical therapy, lumbar spine QTY: 12 are not medically necessary.