

Case Number:	CM14-0150033		
Date Assigned:	09/18/2014	Date of Injury:	09/27/2012
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 9/27/2012. Per primary treating physician's progress report dated 8/7/2014, the injured worker is frustrated. His employer is not accepting restrictions. He complains of pain and requests medications. He requests to return to work without restrictions due to fear of losing job. On examination of the lumbar spine, range of motion is limited. Straight leg raise is positive on right greater than left. There is decreased sensation at right L5 [dermatomal distribution]. Diagnoses include chronic lumbosacral musculoligamentous strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4, L/S: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented

benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. Injured worker has a low back strain that occurred two years ago. He has had physical therapy previously, and has reported that physical therapy was not helpful. There does not appear to be any acute change in the injured worker's status. Medical necessity for additional physical therapy has not been established. The request for Physical Therapy 2x4, L/S is not be medically necessary.

Magnetic Resonance Imaging (MRI) L/S: 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 (updated 7/3/2014)MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. Injured worker has low back strain that occurred over two years ago with no indication of acute changes. He had a lumbar MRI previously, in 2012. The request for MRI L/S is not medically necessary.

Retrospective X-ray; L/S 3 Views (DOS 07/03/14): 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-Radiography (X-Rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

Decision rationale: The MTUS Guidelines do not recommend the use of lumbar spine x-rays 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 with the physician believes it would be aid in patient management. 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. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. Injured worker has low back strain that occurred over two years ago

with no indication of acute changes. He had a lumbar MRI previously, in 2012. The request for Retrospective X-ray; L/S 3 Views (DOS 07/03/14) is not medically necessary.

Retrospective Urine Drug Screen (DOS 07/03/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is prescribed hydrocodone for pain management, and has been injured for over two years. His last UDS was on 4/10/2014. Periodic UDS with this injured worker is reasonable and consistent with the MTUS Guidelines. The request for Retrospective Urine Drug Screen (DOS 07/03/14) is medically necessary.