

Case Number:	CM14-0175913		
Date Assigned:	10/29/2014	Date of Injury:	03/10/2014
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 32 year old male with a 3/10/14 injury date. He injured his lower back while picking up a box. In a 9/30/14 follow-up, the patient continues to have low back pain. He has returned to work, tried to be active, and tried to do a home exercise program. Objective findings include antalgic gait, lumbar forward flexion to 40 degrees, extension to less than 10 degrees, and diffuse lumbar myofascial tenderness. There is no x-ray report available. Diagnostic impression: myofascial lumbar pain. Treatment to date: medications, activity modification, chiropractic care, home exercise program, physical therapy x 6. A UR decision on 10/14/14 denied the request for physical therapy 2X6 for the low back on the basis that the patient should already be well versed in a home exercise program. The request for lumbar spine MRI was denied because there was insufficient evidence of radicular symptoms in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the low back: 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 therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Pain, suffering, and the Restoration of Function, Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, in this case the patient has already had 6 sessions of physical therapy and there is no documentation of any functional improvement. The patient has been attempting a home exercise program and there is no rationale given as to why additional therapy would be needed at this point. Therefore, the request for physical therapy 2 x 6 for the low back is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In addition, there is no indication that the patient has had previous lumbar X-rays and there is no available X-ray report. Therefore, the request for MRI of the lumbar spine is not medically necessary.