MAXIMUS Federal Services

Case Number:	CM14-0186634		
Date Assigned:	11/13/2014	Date of Injury:	05/14/2011
Decision Date:	12/31/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 57-year-old male who reported an injury on 05/14/2011. The mechanism of injury was due to repetitive lifting of heavy boxes of frozen food weighing approximately 45 pounds. The injured worker has a diagnoses of cervical spondylolisthesis without myelopathy, sprain of the cervical region. Past medical treatment consists of acupuncture, surgery, physical therapy, toradol injections, and medication therapy. Medications include of cyclobenzaprine, tramadol ER, and Norco. Diagnostics consist of an MRI of the cervical spine that was obtained on 07/01/2011, an MRI of the cervical spine which was obtained on 02/19/2014, x-ray of the cervical spine which was obtained on 02/19/2014, x-ray of the cervical spine which was obtained on 04/23/2014, x-ray of the cervical spine which was obtained on 07/25/2014, and x-ray of the cervical spine which was obtained on 10/14/2014. On 11/06/2014, the injured worker complained of pain of the cervical spine which she rated at a 9/10 without medications and 6/10 with medications. Physical examination revealed decreased reflex both biceps and triceps with mild hyperreflexia. There was minimal cervical tenderness with posterior spasm. Cervical range of motion was not tested. Lhermitte's and Spurling's test were not obtained. Babinski's were equivocal bilaterally. The medical treatment plan is for the injured worker to continue with acupuncture therapy, medication therapy, and undergo an MRI of the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

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

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

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it also stated that when the neurologic exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an MRI. The included documentation failed to show evidence of significant neurologic deficits on physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of the documentation showing failure of initially recommended conservative care, including active therapies and neurologic deficits on physical examination, an MRI is not supported by the referenced guidelines. Furthermore, the submitted documentation did not indicate that the injured worker had any complaints to the lumbar spine. It is unclear as to why the provider would be requesting and MRI of the lumbar spine. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Physical Therapy 2x6 to lumbar spine: 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 Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2x6 to lumbar spine is not medically necessary. The California MTUS states that physical medicine with active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The submitted documentation indicated that the injured worker had undergone previous physical therapy. However, the documentation did not indicate what extremity had received the treatment. There was also no quantified evidence of functional improvements with prior therapy received. Additionally, it was also unclear as to why the provider was requesting PT for the lumbar spine. There was no evidence in progress note dated 11/06/2014, of the injured worker having any

lumbar spine pain, nor was there any functional deficits upon examination. The MTUS Guidelines recommend a short course of physical therapy for low back pain as an optimal form of treatment. Based on the lack of objective evidence submitted for review, the appropriateness for physical therapy cannot be established. As such, the request for physical therapy of the lumbar spine 2 times a week for 6 weeks is not medically necessary.