

Case Number:	CM14-0025761		
Date Assigned:	06/13/2014	Date of Injury:	04/05/2002
Decision Date:	07/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/01/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 68-year-old male with a reported injury on 04/05/2002. The mechanism of injury was not provided. The injured worker has a longstanding history of a back injury with persistent back pain. He had an examination on 01/21/2014 and was complaining of worsening pain and radicular symptoms to both hips. Upon examination, it was noted that he was restricted to bending forward about 15 degrees without pain. He did have a positive straight leg raise bilaterally and he was having normal gait and station. The list of medications was not provided nor was there any kind of physical therapy or prior conservative treatments such as the effectiveness of medications and any home exercise program provided. His diagnoses included exacerbation chronic degenerative disc disease, and arthritis. There were no specific test studies done at this time. The recommendations were for him to have an MRI of his lumbosacral spine and for physical therapy. The request for authorization was signed on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, LUMBAR (FREQUENCY AND DURATION NOT SPECIFIED):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There was a lack of documentation of any previous medications or physical therapy or home exercise program. Furthermore, the physical therapy does not have the frequency or the duration specified. Therefore, the request is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The MTUS/ACOEM Guidelines do recommend MRI for spinal stenosis and postlaminectomy syndrome and there is no documentation of either one. The Official Disability Guidelines do recommend for the test of choice for patients with prior back surgery but it is not recommended until after at least 1 month of conservative therapy. Again, there is no documentation or evidence of any kind of conservative therapy to include physical therapy, home exercise program, or the efficacy of any kind of medications. The physical exam on 01/21/2014 does not reveal very much information except for the fact that he has had a longstanding history of back injury with persistent back pain. He is beginning to have radicular symptoms into both hips, but the actual tests and observations were not provided. There are no criteria mentioned for the use of an MRI for chronic degenerative disc disease and arthritis. Therefore, the request is not medically necessary.