

Case Number:	CM14-0037413		
Date Assigned:	06/27/2014	Date of Injury:	07/01/2011
Decision Date:	08/14/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of July 1, 2011. A utilization review determination dated March 20, 2014 recommends noncertification for an magnetic resonance imaging (MRI) of the lumbar spine and additional physical therapy 8 visits for both knees and the lumbar spine. A utilization review determination dated July 31, 2014 recommends retrospective certification for 6 visits of physical therapy. A progress report dated February 14, 2014 identifies subjective complaints of lumbar spine pain with radiation into both legs including numbness and tingling in the left anterior lateral calf. The patient also complains of bilateral knee pain with swelling, popping, clicking, fatigue, and occasional giving out. She has difficulty with standing and walking for long periods of time. Physical examination revealed decreased lumbar spine range of motion with tenderness along the paraspinal muscles. There is decreased strength on the right side greater than left in the L5 distribution in the lower extremities. The examination reveals crepitus with flexion and extension on the right knee with positive anterior drawer test in the left knee. L2 through S1 Pro's motor and light touch sensation are intact. Diagnoses include lumbar spine degenerative disc disease with lower extremity radiculopathy, bilateral knee severe osteoarthritis, and non-work related severe osteoarthritis of both hips. The treatment recommendation is for physical therapy 2 times a week for 4 weeks for the lumbar spine and bilateral knees and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar magnetic resonance imaging (MRI), Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Official Disability Guidelines (ODG) states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of what medical decision-making will be based upon the outcome of the currently requested MRI. Additionally, the most recent physician progress reports are unclear regarding the patient's objective findings. At one point, it is noted that the patient has myotomal weakness, and at another point the neurologic examination is stated to be normal with no deficits. Finally, it is unclear if the patient has failed conservative treatment. Additional physical therapy is being requested, but there is no documentation indicating how many previous therapy sessions the patient has had and what the patient's response to those therapy sessions might have been. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Additional Physical Therapy twice weekly for 4 weeks, bilateral knees and lumbar spine, QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no

documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it is unclear how many therapy sessions the patient has already undergone. In the absence of clarity regarding those issues, the current request for additional physical therapy is not medically necessary.