

Case Number:	CM14-0041368		
Date Assigned:	06/27/2014	Date of Injury:	07/14/2011
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; and unspecified amounts of aquatic therapy over the course of the claim. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for 12 sessions of physical therapy and an MRI of the lumbar spine. The applicant's attorney subsequently appealed. The applicant's case and care were complicated by comorbid mental health issues, it was acknowledged. In a March 3, 2014 progress note, the applicant reported persistent 7/10 low back pain. The applicant stated that his current medication regimens were allowing him to maintain activities of daily living. The applicant apparently was neurologically unchanged and exhibited positive straight leg raising. It was stated that the applicant's most recent lumbar MRI demonstrated a 4-mm disk protrusion at L4-L5 and a 7-mm disk protrusion at L5-S1. Medications were renewed. The applicant was described as already permanent and stationary and did not appear to be working. On January 3, 2014, the applicant was described as having persistent complaints of low back pain. The applicant was reportedly not working, it was stated at that point. The applicant was using a cane to move about. The applicant stated that he was not capable of working. The applicant was described as having grossly normal motor and sensory function about the lower extremities on this occasion. It was again stated that the applicant had a 4-mm disk protrusion at L4-L5 and a 7-mm disk protrusion at L5-S1. Repeat lumbar MRI imaging was sought owing to the progression of the applicant's condition. A 12-session course of physical therapy to emphasize weight loss was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98 and 99. Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment in excess of MTUS parameters was provided. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy with tramadol and tramadol extended release, aquatic therapy, manipulative therapy, and other medications such as Flexeril. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

MRI of the lumbar spine: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant has longstanding lumbar radiculitis/lumbar radiculopathy. There is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention insofar as the lumbar spine is concerned. The attending provider further noted that the applicant's neurologic exam is essentially unchanged, arguing against any progression or worsening in the applicant's underlying lumbar radiculopathy. Therefore, the request is not medically necessary.