

Case Number:	CM14-0046777		
Date Assigned:	07/02/2014	Date of Injury:	11/02/2003
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported an injury on 11/02/2003 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The most recent evaluation dated 02/02/2014 documented that the injured worker had tenderness to palpation over the L1 through the S1 bilateral paraspinal musculature with limited range of motion secondary to pain and a positive bilateral Kemp's test. The injured worker's diagnoses included chronic low back pain, lumbar spine sprain/strain, and lumbar radiculopathy. The injured worker's treatment plan included chiropractic/physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT, EMS, ULTRASOUND, TRACTION, M. RELEASE, T. EXCERSIZES : TWELVE (12) VISITS (2X6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested CMT, EMS, ultrasound, traction, M. release, T. exercises: 12 visits (2x6) is not medically necessary or appropriate. The clinical documentation submitted for review does not adequately address the injured worker's treatment history to determine the effectiveness of prior treatment. Due to the age of the injury it would be expected that the injured worker had previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation fails to identify that the injured worker is participating in a home exercise program. Therefore, the need for additional physical therapy cannot be determined. Furthermore, the request, as it is submitted does not specifically identify a body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested CMT, EMS, ultrasound, traction, M. release, T. exercises: twelve (12) visits (2x6) is not medically necessary or appropriate.

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRI.

Decision rationale: The requested lumbar spine MRI is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a lumbar spine MRI for patients with well documented radiculopathy to assist with evaluating pathology. The clinical documentation submitted for review does not provide any evidence that the injured worker has clearly defined radiculopathy. Furthermore, due to the age of the injury, it would be expected that the injured worker had already undergone an MRI at some point during the injured worker's treatment process. Official Disability Guidelines do not recommend repeat imaging in the absence of a significant change in the injured worker's clinical presentation. As such, the requested lumbar spine MRI is not medically necessary or appropriate.