

Case Number:	CM14-0059457		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2012
Decision Date:	08/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 41 year old employee with a date of injury of 3/12/2012. Medical records indicate the patient is undergoing treatment for chronic low back pain; lumbosacral pain with sciatica. Subjective complaints include anxiety, depression, constant pain in lumbosacral spine radiating to the right and is described as a dull ache and sharp sensation. She also says she has throbbing sensations and spasms. There is pain that radiates into right lower limbs to include numbness, weakness and tingling; she has a spasm like sensation and nerve like pain particularly in the right buttocks and it is increased by prolonged sitting, lying down, kneeling, or squatting. Cold and damp weather increases the pain. Objective findings include tenderness to palpation in low back in the midline; tenderness to the right and left paraspinal musculature, and tenderness over the greater right sciatic notch and right posterior thigh. The patient can fully squat but complains of pain. She can stand on heels and toes with pain in lower back. The patient complained of pain with forward flexion, extension and right and left lateral bending of the lumbosacral spine. No tenderness over the greater left sciatic notch and right posterior thigh. Trendelenburg's was negative bilaterally; Patrick's Fabre test was negative bilaterally; Lasegue's test was negative bilaterally; Gaenslen's sign was negative bilaterally, and there was a positive straight leg exam of lumbosacral spine. Treatment has consisted of an epidural steroid injection on 10/2013 and again on 3/2014. She has completed physical therapy and occasionally uses a lumbar brace for support. Other treatments include electrical stimulation, stretching, exercise and ice packs. Pain is alleviated by stretching, medication, hot baths, resting and applying cold packs. The utilization review determination was rendered on 4/18/2014 recommending non-certification of Physical therapy times 8 sessions for lumbar spine and MRI scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 8 sessions for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine, page(s) 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM Guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The patient has received previous physical therapy without improvement. The treating physician does not document functional improvement and a home exercise program. As such, the request is not medically necessary and appropriate.

MRI scan 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): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The ACOEM Guidelines recommend MRIs, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ACOEM Guidelines additionally recommends against MRIs for low back pain before 1 month in the absence of red flags. The ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical records provided for review did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or

other findings suggestive of the pathologies outlined in the above guidelines. In addition, the treating physician does not document the results of previous lumbar MRI imaging. As such, the request is not medically necessary.