

Case Number:	CM14-0060791		
Date Assigned:	07/09/2014	Date of Injury:	11/15/2013
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury on 11/15/2013 due to an assault. On 04/03/2014, the injured worker reported neck pain rated at a 2/10, low back pain rated at a 10/10, and mid back pain rated at a 5/10. A physical examination of the lumbar spine revealed tenderness, decreased range of motion, spasm, and decreased sensation in the L5 through S1 dermatomes. The cervical spine showed decreased range of motion, and neurological examination was within normal limits for the upper extremities. His diagnoses included sprained neck, sprained thoracic region, and sprain of the lumbar region. It was noted that the patient had completed 6 sessions of physical therapy. The treatment plan was for physical therapy 3 times a week for 4 weeks for the lumbar spine, and an MRI of the lumbar spine. The Request for Authorization Form was not provided in the medical records. The rationale for treatment with physical therapy was due to the lumbar spine being injured in the assault. The rationale for an MRI of the lumbar spine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine.

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

Decision rationale: The injured worker was noted to have tenderness, decreased range of motion, spasm, and decreased sensitivity to L5 through S1 dermatomes of the lumbar spine. He was diagnosed with a sprained neck, sprained thoracic region, and sprain of the lumbar region. He had also completed 6 physical therapy sessions. The California MTUS Guidelines state that physical medicine is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks, and for neuralgia, neuritis and radiculitis unspecified for 8 to 10 visits over 4 weeks. Treatment frequency should be faded plus active self-directed home physical medicine should be implemented. An adequate physical examination was not performed; therefore, the documentation provided was lacking evidence of significant functional deficits to indicate the need for physical therapy. In addition, the injured worker was noted to have continued decreased range of motion, and tenderness to the lumbar spine after attending 6 sessions of physical therapy. There was little documentation regarding objective functional improvement of the 6 attended sessions to determine its efficacy. Furthermore, the request for 12 physical therapy sessions would exceed the recommended number of visits stated in the guidelines. The request is not supported by the guideline recommendations as it exceeds the number of visits recommended, there is a lack of significant functional deficit to indicate its necessity, and there was no proven efficacy of the prior 6 sessions. Given the above, the request for twelve (12) Physical Therapy sessions for lumbar spine is not medically necessary and appropriate.

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines ODG - TWC Low Back Procedure Summary last updated 3/18/2014; MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The injured worker was noted to have tenderness to the lumbar spine, spasm, decreased neurosensitivity at the L5 through S1 dermatome. The California MTUS/ACOEM Guidelines state that an MRI is recommended for the lumbar spine when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, or as a choice for injured workers prior to back surgery. MRIs are not recommended for the lumbar spine before 1 month in the absence of red flags. Based on the clinical documentation submitted for review, the injured worker is not suspected to have a fracture; tumor, infection, or cauda equine, there was also no mention of the injured worker having the presence of red flags, and no indication that he was to undergo surgery. The clinical documentation submitted for review is lacking evidence of clinical to indicate the need for an MRI of the lumbar spine. The request is not supported by the guideline recommendations as there were no clear indications for an MRI of the lumbar spine. The rationale for the request is unclear. Given the above, the request for Lumbar Spine MRI is not medically necessary and appropriate.

