

Case Number:	CM14-0186330		
Date Assigned:	11/14/2014	Date of Injury:	04/26/1999
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a 49 year old female with a 4/26/99 injury date. The mechanism of injury was a fall while at work. In a 9/19/14 note, the patient complained of pedal edema and low back pain of 9/10, worse while seated, and radiation to both legs that is worse on the left in an L4-5 distribution. Epidural steroid injections and recent physical therapy sessions did not help. She was wheelchair bound. Objective findings included bipedal edema with direct tenderness noted, with normal range of motion bilaterally. There were intact deep tendon reflexes, and no motor or sensory deficits. There was left-sided weakness of both the upper (0/5) and lower (2/5) extremities. There was normal muscle tone, strength, and coordination on the right side. In an 8/6/14 note, it was noted that the patient had a stroke on 12/11/13 that resulted in left-sided weakness of the arm and leg. Diagnostic impression: lumbar failed back syndrome, stroke. Treatment to date: multiple surgeries, epidural steroid injections, physical therapy, medications. A UR decision on 10/9/14 denied the request for physical therapy because recent conservative treatment was not delineated. The requests for CT and MRI of the lumbar spine were denied because it was not clearly delineated whether the current deficits are due to lumbar pathology or residual effects of a recent stroke. In addition, there was no discussion that explained why both a CT and MRI are necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 114.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, it is unclear what the requested physical therapy would be treating, whether it would be for the residual effects of the stroke or for the effects of the chronic lumbar condition. The objective limitations described on exam appears to be attributed to the stroke rather than the lumbar condition, but this delineation was not discussed. In addition, the extent, duration, and outcome of previous physical therapy sessions were not discussed, and no functional goals were set. Therefore, the request for physical therapy is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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--MRI.

Decision rationale: The CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination that can be attributed to lumbar radiculopathy rather than the effects of stroke. There has been no recent change on exam or progression of symptoms. Therefore, the request for MRI lumbar spine is not medically necessary.

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, CT

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--CT.

Decision rationale: The ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. . However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination that can be attributed to lumbar radiculopathy rather than the effects of stroke. There has been no recent change on exam or progression of symptoms. Therefore, the request for CT scan lumbar spine is not medically necessary.