MAXIMUS Federal Services

Case Number:	CM14-0190667		
Date Assigned:	11/24/2014	Date of Injury:	04/27/2014
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of April 27, 2014. The mechanism of injury occurred as a result of lifting. She has had 6 sessions of physical therapy. She just returned to modified duties at work. Pursuant to the October 9, 2014 progress note, the IW complains of low back pain. Objective physical findings revealed the IW is able to walk without difficulty. Lumbar range of motion flexion is 20/60, extension is 10/25, right lateral bending is 10/25, and left lateral bending is 10/25. No subluxation is noted on flexion/extension of the spine. Paraspinal muscles are moderately tender to palpation. Straight leg rising causes low back pain on the right. Sensation is essentially intact bilaterally. The hips appear to be stable without significant pain or subluxation through range of motion. Reflexes, right versus left were symmetrical. The IW has been diagnosed with acute low back pain, and lumbar radiculopathy. Current medications include Naproxen 500mg, Flexeril 10mg, and topical compound cream. The provider is recommending an additional 6 sessions of PT and a lumbar MRI to evaluate the L5 nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to the lumbar spine two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy for the lumbar spine two times per week for six weeks (12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy. The guidelines suggest allow for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. The guidelines set the frequency of duration based on specific diagnoses. In this case, the injured worker strained her lower back. She has been treated with medications and work modification and physical therapy (six sessions). There is no documentation of objective functional improvement with the physical therapy. The treating physician requested additional physical therapy because there had been no improvement over a five-month period (documented in October 9, 2014 progress note). The documentation is inadequate to authorize subsequent physical therapy. Objective functional improvement needs to be documented pursuant to the guidelines (ODG) and prior to authorizing additional physical therapy. Consequently, physical therapy lumbar spine two times per week for six weeks (12 visits) is not medically necessary.

MRI without contrast 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): 303.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI evaluation of the lumbar spine without contrast is not medically necessary. The ACOEM states "unequivocal objective findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option". When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines indicate indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The guidelines enumerate the indications for magnetic resonance imaging. They include, but are not limited to lumbar spine trauma, neurologic deficits; uncomplicated low back pain, with radiculopathy, after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. See guidelines for additional details. In this case, there are subjective complaints referencing the lower back. However, there is little objective clinical information on physical examination to support MRI evaluation. Additionally, there were no electrodiagnostic (or physiologic studies) in the medical record to support the guidelines in performing an MRI lumbar spine. Consequently, absent the appropriate clinical information, MRI of the lumbar spine without contrast is not medically necessary.