

Case Number:	CM14-0192059		
Date Assigned:	11/25/2014	Date of Injury:	06/19/1987
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine 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 patient is a 63 year old female with an injury date of 06/19/87. Per the 09/15/14 report, the patient presents with worsening moderate to severe lower back pain radiating down to the bilateral legs with numbness, tingling and spasms as well as down to the bilateral knees. She also presents with moderate to severe bilateral knee pain with popping and clicking. The patient has antalgic gait and uses an assistive device in her right hand. Examination of the lumbar spine reveals significant tenderness along the paraspinal musculature at the region L3 through S1. Straight leg raise is positive bilaterally with pain in the buttocks and the anterolateral calf and foot with weakness in the bilateral L5 distribution. There is mild tenderness along the proximal patellar tendon on the right knee. The patient's diagnoses include status post left total knee replacement 08/02/13; status post debridement and irrigation of post-surgical wound 08/21/13; status post revision of right total knee replacement 03/11/03; status post right total knee replacement 11/15/00, pes bursitis; lumbosacral sprain/strain; hyperlordosis disc bulges L1-2 and L4-5 (1-2 mm), L3-4 (2 mm) and L5-S1 (3 mm); central canal narrowing L3-4 (slight) and L4-5 (mild) decreased disc height and moderate left neuroforaminal stenosis, per MRI 03/15/10; multilevel degenerative facet disease, degenerative disc disease L5-S1; facet changes L4-5 and L5-S1. The utilization review being challenged is dated 11/07/14. Two treatment reports were provided from 07/16/14 to 09/15/14. The 07/16/14 report is for dermatological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two to three (2-3) times a week for four (4) weeks: Upheld

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

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

Decision rationale: The patient presents with worsening lower back pain radiating to the bilateral legs with numbness, tingling and spasm and to the bilateral knees. The patient also presents with bilateral knee pain. The provider requests for physical therapy two to three (2-3) times a week for four (4) weeks per 09/15/14 report. The 11/07/14 utilization review modified this request to 6 sessions from the requested 8-12. MTUS pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. Only one report is provided regarding treatment of the patient's back and knees. The reports show the patient is status post total left knee replacement (08/02/13) and is not within a post-surgical treatment period. The reports provided show the patient's back pain is significantly worsening; however, the provider does not state if treatment is for the knees, back or both. The very limited patient history provided shows no evidence of prior physical therapy for this patient. In this case, it appears a course of physical therapy may be of benefit to the patient; however, the requested indeterminate 8-12 sessions requested exceed what is allowed per MTUS. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back , MRI's

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 Chapter, MRI Topic

Decision rationale: The patient presents with worsening lower back pain radiating to the bilateral legs with numbness, tingling and spasm and to the bilateral knees. The patient also presents with bilateral knee pain. The provider requests for MRI of the lumbar spine per 09/15/14 report. Official Disability Guidelines, low back chapter, MRI topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation)." Only one report discussing the treatment of the lumbar spine is provided and it shows the patient received a prior MRI lumbar 03/05/10 which the provider cites in the patient's diagnoses. There is no evidence of prior back surgery. On 09/15/14 the provider states, "I am requesting authorization for MRI of the lumbar spine to evaluate her radiculopathy and to see if she is a

candidate for epidural injections." In this case, the patient presents with "lower back pain" radiating to the "bilateral legs" with numbness and tingling as well as to the "bilateral knees." Examination shows "positive straight leg raise." Official Disability Guidelines states repeat MRIs are not routinely recommended in the absence of a change of symptoms or findings suggestive of significant pathology. The only change in symptoms documented in the limited information provided is worsening back pain. Therefore, the request is not medically necessary.