

Case Number:	CM14-0192847		
Date Assigned:	11/26/2014	Date of Injury:	01/24/1999
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 70-year-old woman with a date of injury of 01/24/1999. A treating physician note dated 08/04/2014 identified the mechanism of injury as sliding heavy cans on an uneven surface, resulting in lower back pain. Treating physician notes dated 08/04/2014, 09/02/2014, 09/30/2014, and 10/27/2014 and an orthopedic QME report dated 09/23/2014 indicated the worker was experiencing lower back pain that went into the left leg with right leg numbness and tingling, depressed and anxious mood, and insomnia. Documented examinations consistently described tenderness in the back muscles and where the lower back meets the pelvis, decreased sensation in the right leg, left leg weakness, and decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from lumbar disk degeneration, post-laminectomy/failed back syndrome, lumbar radiculitis, emotional complaints, increased blood pressure, and GI upset with medications. Treatment recommendations included oral and topical pain medications, an on-going home exercise program, repeat imaging of the lower back, and additional physical therapy. A Utilization Review decision was rendered on 11/06/2014 recommending non-certification for eight sessions of physical therapy and MRI imaging of the lumbosacral spine region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the left leg with right leg numbness and tingling, depressed and anxious mood, and insomnia. An orthopedic QME report suggested the worker had completed six to eight sessions of physical therapy in 2012, but there was no report describing in detail the results of this treatment. The worker was continuing with an on-going home exercise program, and there was no discussion indicating the reason(s) this was insufficient, the goal(s) of additional sessions, or supporting the need for additional sessions beyond those recommended by the Guidelines. In the absence of such evidence, the current request for eight sessions of physical therapy 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 (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The reviewed records indicated the worker was experiencing lower back pain that went into the left leg with right leg numbness and tingling, depressed and anxious mood, and insomnia. The documentation suggested the worker was not a candidate for additional surgery. These records did not describe new or changed findings requiring repeated advanced imaging of the lower back. There was no discussion of extenuating circumstances supporting this request. In the absence of such evidence, the current request for MRI imaging of the lumbosacral spine region is not medically necessary.

