MAXIMUS Federal Services

Case Number:	CM14-0193180		
Date Assigned:	11/26/2014	Date of Injury:	08/26/2003
Decision Date:	01/27/2015	UR Denial Date:	10/23/2014
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, and is licensed to practice in New York. 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 58 year old female with a work related injury dated 08/26/2003. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 09/26/2014, the injured worker presented with complaints of worsening neck and low back pain with radiating pain at legs. Diagnoses included cervical spine disc herniation and degeneration by MRI, lumbar spine disc herniations at L4-5 and L5-S1 by MRI, right and left shoulder tendinitis and impingement syndrome by MRI, right hand carpal tunnel syndrome per positive Electromyography and nerve conduction velocity test, and left knee myoligamanous sprain/strain with internal derangement. Treatments have consisted of medications. Diagnostic testing included MRI's and EMG/NCV test as noted above. Work status is noted as permanent and stationary as of 10/01/2010.On 10/23/2014, Utilization Review non-certified the request for Physiotherapy 12 sessions and MRI Lumbar Spine citing California Medical Treatment Utilization Schedule and Official Disability Guidelines. The Utilization Review physician stated that based on the clinical documentation provided, the injured worker has diminishing range of motion on examination and complaints of worsening but does not indicated if this is worsening range of motion with pain regarding the request for physiotherapy. In regards to the MRI lumbar spine, the Utilization Review physician stated that based on the clinical documentation provided, the clinician indicates that a previous MRI has been performed but has not provided the date or radiology report of that MRI. In addition, the physical examination documents only limited range of motion and unclear if there is significant change in symptomology that would warrant a repeat study. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98, 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, it is not clear if physical therapy has already been used as a modality in the past or not and if so, a self-directed home program should be in place. The records do not include a rationale for physical therapy or therapy goals. The records do not support the medical necessity for additional physical therapy visits in this individual with knee and back pain.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated.