

Case Number:	CM14-0199399		
Date Assigned:	12/09/2014	Date of Injury:	01/21/2012
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/28/2014

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 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 34-year-old male with a date of injury of 01/21/2012. According to progress report dated 11/10/2014, the patient is approximately 7 months status post bilateral L5-S1 laminotomies and right-sided discectomy. He has been doing quite well until approximately 2 weeks ago when he developed significant left-sided buttock pain and leg pain. Examination revealed moderate discomfort and normal strength in the bilateral lower extremities, but straight leg raise is present on the left at 30 degrees. There is diminished sensation over the left lateral calf and foot. Patient ambulates with mild discomfort and is able to toe and heel walk. The listed diagnoses are: 1. Status post lumbar discectomy. 2. Lumbar spondylosis. 3. Lumbar radiculopathy. Treating physician would like to recommend a MRI of the lumbar spine, due to the patient's "new onset of significant left-sided leg pain that appears to be in the L5 or S1 distribution" and 8 sessions of physical therapy. The Utilization review denied the request on 11/21/14. Treatment reports from 2/13/13 through 11/10/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Spine MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI.

Decision rationale: The patient is status post bilateral L5-S1 laminotomies and right-sided discectomy on 4/9/14 and presents with "significant left-sided buttock and leg pain." The current request is for 1 MRI OF THE LUMBAR SPINE. For the MRI of the lumbar spine, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. There is no indication that the patient has had an MRI following his lumbar discectomy on 04/09/2014. The ODG guidelines state, "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, neurocompression, recurrent disc herniation)." Given the patient's complaints of severe radicular pain and objective examination findings, post-operative MRI for evaluation IS medically necessary.

8 sessions of physical therapy: 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 is status post bilateral L5-S1 laminotomies and right-sided discectomy on 4/9/14 and presents with a flare-up left-sided buttock and leg pain. The current request is for 8 SESSIONS OF PHYSICAL THERAPY. This patient is outside of the postsurgical timeframe. The MTUS guidelines, page 98 and 99, recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient most recently received 11 physical therapy sessions between 06/09/2014 and 08/04/2014. The utilization review modified the certification from the requested 8 to 4 sessions to "help alleviate his recently developed symptoms, and reinforced home exercise." In this case, the patient's participation in recent physical therapy sessions has produced some improvement. It appears the patient has a flare-up of pain, but the treating physician provides no discussion as why the patient would not be able to participate in a home exercise program. In addition, the treater's request for additional 8 sessions exceeds what is recommended by MTUS. The requested additional physical therapy IS NOT necessary.

