

Case Number:	CM14-0201520		
Date Assigned:	12/11/2014	Date of Injury:	05/04/2010
Decision Date:	01/30/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Pain 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 is a 62 year-old female with an original date of injury on 5/4/2010. The mechanism of injury is unknown. The industrially related diagnoses are lumbar sprain / strain, cervical pain, and impingement syndrome of right shoulder. The disputed issues are the request for MRI of lumbar spine and 4 sessions of physical therapy to the lumbar spine (once a week for 4 weeks). A utilization review dated 10/24/2014 has non-certified these requests. With regards to the MRI of lumbar spine, the stated rationale for denial was there is no indication that there were failure of conservative therapy, or that there are red flags, or that symptoms are severe, or there is progressive neurological deficits. With regards to physical therapy, there is documentation of previous physical therapy, but no documentation of how many sessions have been completed. In addition, there was no objective functional improvement through prior therapy, and it is unclear why Home exercise program cannot be completed at this time. Therefore, these requests were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Physical therapy once a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, a progress note on 6/30/2014 indicated the patient has already had physical therapy to lumbar spine for 6 weeks. The patient had additional physical therapy starting on 9/10/2014 and was given 8 sessions of physical therapy (twice a week for 4 weeks). There is no documentation of any specific objective functional improvement in subsequent follow up physical therapy notes dated from 9/25/2014-10/6/2014. The CA MTUS recommends 10 sessions of physical therapy over 8 weeks, the current request for 4 additional sessions exceeds this recommendation. Therefore, the current request for physical therapy is not medically necessary.