

Case Number:	CM14-0205408		
Date Assigned:	12/17/2014	Date of Injury:	10/29/2012
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male with an injury date of 10/29/12. Based on the 11/07/14 progress report provided by treating physician, the patient complains of lumbar spine pain radiating to lower extremities. The patient is status-post L4-L5 epidural steroid injection 10/30/14. Physical examination of the lumbar spine revealed positive leg raise test. Patient's current medications include Norco, Flexeril and Xanax. Pain level is 5/10 with and 8/10 without medications. Per treater's report dated 11/07/14, the patient is currently not working. MRI of the lumbar spine 06/27/14 shows at the L5-S1 level, a 7-8 mm disc protrusion and extrusion, which extends 8 mm below the disc space. At the L4-L5 level, a 6-7 mm left paracentral disc protrusion. Diagnosis (11/07/14) - Status post L4-L5 microdiscectomy with worsening symptoms. The utilization review determination being challenged is dated 12/01/14. The rationale follows: 1) Updated MRI lumbar spine: "no documentation of a diagnosis/condition for which a repeat study is indicated" 2) Additional 12 physical therapy lumbar spine 2 times a week for 6 weeks: "there is documentation of 24 physical therapy sessions completed to date, which exceeds guidelines" Treatment reports were provided from 03/21/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI 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 (Minnesota Rules), Parameters for Medical Imaging

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, MRIs.

Decision rationale: The patient presents with lumbar spine pain radiating to lower extremities. The request is for Updated MRI lumbar spine. Physical examination of the lumbar spine revealed positive leg raise test. Patient's current medications include Norco, Flexeril and Xanax. Pain level is 5/10 with and 8/10 without medications. Patient is currently not working. ACOEM guidelines, Chapter 12, page 303 states: "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 who would consider surgery an option." For chronic pain, ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine): "Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery." Per progress report dated 11/07/14, treater's reason for the request is to "rule out worsening disc bulges and herniations." However, subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. Furthermore, the patient is not post-operative either. Based on submitted documentation and discussions there does not appear to be a valid reason for an updated MRI. Therefore, the request is not medically necessary.

Additional 12 Physical Therapy lumbar spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114; Official Disability Guidelines, Low Back Chapter

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

Decision rationale: The patient presents with lumbar spine pain radiating to lower extremities. The request is for additional 12 physical therapy lumbar spine 2 times a week for 6 weeks. Patient's current medications include Norco, Flexeril and Xanax. Pain level is 5/10 with and 8/10 without medications. Patient is currently not working. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 11/07/14, treater's reason for the request is to help maintain the patient's strength. However, there is no discussion of flare-up's, new injury or new

symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. Therefore, the request is not medically necessary.