

Case Number:	CM14-0207764		
Date Assigned:	12/19/2014	Date of Injury:	09/19/2002
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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:

The patient is a 67 year old male with a date of injury of 09/19/2002. On 02/16/2004 he had a diagnosis of degenerative disc disease. He has back pain and left leg pain for 11 years. On 11/17/2014 he noted low back pain after more standing or more walking. He also has knee and hip arthritis. He did not have any physical therapy, injections or anti-inflammation medication. Gait was normal. Tandem gait, heel walking and toe walking were normal. Motor and sensory exam of the lower extremities were normal. Straight leg raising was negative. Reflexes were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 18 visits for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: MTUS, Chronic Pain, Physical Medicine allows a maximum of 9 -10 physical therapy visits for myalgia and myositis unspecified. For neuralgia, radiculitis, neuritis unspecified the maximum allowed physical therapy visits are 8 - 10. Also, ACOEM, Chapter 12,

Low Back Complaints provides for a couple of physical therapy visits for instruction in a home exercise program. There is no documentation of any functional limitation that would preclude a home exercise program. The requested for Physical therapy x 18 visits for the lower back is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: MTUS, ACOEM, Chapter 12 Low Back Complaints notes that imaging studies - MRI - may be necessary when the patient has red flag signs or signs of severe injury or when the patient is an immediate surgical candidate. Gait was normal. Motor strength of lower extremities was normal. Reflexes were normal. Sensation was normal. He had no recent treatment with NSAIDS or physical therapy at the time the lumbar MRI was requested. Thus, there was no response to conservative treatment when the MRI was requested. The list of normal physical findings and the requested 18 visits of physical therapy suggest that he is not an immediate surgical candidate. The requested lumbar MRI is not consistent with ACOEM guidelines and is not medically necessary at this time.