

Case Number:	CM15-0003183		
Date Assigned:	01/14/2015	Date of Injury:	06/21/2009
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 34 year old female with an industrial injury dated 06/21/2009 with complaints of low back pain. Prior treatments include anti-inflammatory medications, pain medications and muscle relaxants. X-rays of the lumbar spine showed borderline disk narrowing at lumbar 4 - lumbar 5. MRI done on 08/31/2009 showed mild disk desiccation at lumbar 3 - lumbar 4 with central protrusion at lumbar 3 - lumbar 4, lumbar 4 - lumbar 5 and lumbar 5 - sacral 1 with possible nerve root compression at sacral 1. Other treatments included epidural injection and chiropractic treatment. Physical exam of the lumbar spine revealed flexion to 60 degrees with severe pain going down her right leg. Extension is 20 degrees with severe pain. She can right and left rotate 45 degrees to the right and to the left. Tilting to the right causes pain. Diagnoses is lumbar discogenic disease at lumbar 4 - lumbar 4 and lumbar 5 - sacral 6 nerve root compression with neurological loss at lumbar 4 and lumbar 5. She is rated totally disabled. On 12/24/2014 Utilization Review non-certified the request for MRI of the lumbar spine noting at this time a period of conservative treatment and observation is warranted prior to consideration of an MRI based on the present flare - up. ODG and ACOEM were cited. The request for massage therapy 8 sessions was modified to 6 sessions noting guidelines support massage therapy, however, it is recommended the patient combine the passive therapy with an active exercise program for lasting relief. MTUS was cited. On 01/17/2015 the injured worker submitted an application for IMR review or the requested MRI of the lumbar spine and massage therapy 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no change of the clinical examination There is no change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

8 massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, massage therapy. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. In this case, there is no clear evidence that

massage therapy will be used in conjunction with an exercise program or in a conditioning program. According to the progress report dated December 9, 2014, the patient had 6 visits approved (massage should be limited to 4-6 visits in most cases). Therefore, the request for 8 massage therapy sessions is not medically necessary.