

Case Number:	CM15-0107012		
Date Assigned:	06/11/2015	Date of Injury:	04/06/2010
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 45 year old male patient who sustained an industrial injury on 04/06/2010. A recent secondary treating office visit dated 04/23/2015 reported the patient with subjective complaint of feeling depressed, sleeplessness, fatigued, worried. He was diagnosed with adjustment disorder due to chronic pain with mixed anxiety and depressed mood. Current medications are: Sentra, Gaboxetine, Gabazolamine, Sentra PM, Theramine, and Gabadone. A follow up visit dated 12/09/2014 reported the treating diagnoses as: total knee replacement; osteoarthritis lower leg; strain/sprain knee or leg; mechanical loosening of hardware; pain due to internal joint prosthesis and internal mechanical complications. There was mention he may be deemed permanent and stationary at the following visit. On 08/22/2014, the patient underwent a right total knee arthroplasty. The treating diagnoses on 04/22/2015 were as: status post bilateral total knee arthroplasty; IT band syndrome and bursitis, and spinal stenosis, degenerative disc disease and possible radicular pain as a result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the lumbar spine: 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: Physical therapy 2 x 4 for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had prior PT. The patient should be well versed in a home exercise program. There is no indication that necessitates 8 more supervised therapy sessions. The request for physical therapy 2 x 4 is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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- MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. Furthermore, a 1/28/15 PR-2 report states that the patient completed a L/S MRI on 1/21/15 and the ODG does not recommend a repeat MRI without a significant change in symptoms. The request for MRI of the lumbar spine is not medically necessary.