MAXIMUS Federal Services

Case Number:	CM15-0107907		
Date Assigned:	06/12/2015	Date of Injury:	06/10/2014
Decision Date:	07/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic elbow, low back, mid back, hip, and knee pain reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for MRI imaging of lumbar spine and 12 sessions of physical therapy. The claims administrator referenced a progress note dated May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported multifocal pain complaints of neck, upper back, mid back, hip, and knee pain, highly variable, 3-8/10. The applicant did have comorbid diabetes, hypertension, and reflux, it was reported. 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. The applicant had alleged multifocal pain complaints secondary to cumulative trauma at work, it was reported. The applicant was no longer working, the treating provider reported in several sections of the note. It was suggested "but not clearly stated" that the applicant was transferring care to the current treating provider after having previously treated elsewhere. On April 6, 2015, the applicant reported multifocal pain complaints of low back, knee, and elbow pain. The applicant was again placed off of work, on total temporary disability. Pain and swelling about the right knee were reported. The right knee was seemingly characterized as the primary pain generator. Lumbar MRI imaging was sought, without any supporting rationale. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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): 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the multifocal nature of the applicant's pain complaints, the multiplicity of pain generators, and the applicant's multifocal pain secondary to cumulative trauma, taken together, strongly suggested that the applicant was not, in fact, actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The attending provider's April 6, 2015 progress note predominantly focused its attention on the applicant's knee pain complaints, with little to no mention of the applicant's low back pain issues. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Physical Therapy, Lumbar and Right Knee, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Page(s): 8; 99.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the low back and knee was likewise not medically necessary, medically appropriate, or indicated here. The 12- session course of therapy at issue, in of itself, represents treatment in excess of 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. Page 8 of MTUS Chronic Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, seemingly through the current primary treating provider (PTP) as was through a previous treating provider, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior physical therapy. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.