

Case Number:	CM15-0134707		
Date Assigned:	07/23/2015	Date of Injury:	02/02/2015
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 injured worker is a 53 year old male, who sustained an industrial injury on February 2, 2015. He reported pain in his head, neck, bilateral hands and bilateral hips. The injured worker was diagnosed as having contusion hands, rib contusion, contusion of genital organs, hip contusion, face contusion, scalp contusion and neck contusion. Treatment to date has included diagnostic studies, physical therapy and medications. On June 16, 2015, the injured worker complained of headache, cervical spine pain, low back pain, shoulder pain and right leg pain. Physical examination revealed a positive straight leg raise test. The handwritten progress report was partially illegible. The treatment plan included a consultation, lumbar MRI and physical therapy. On June 29, 2015, Utilization Review non-certified the request for MRI of the lumbar spine without contrast and physical therapy times six to the lumbar spine, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. There is no evidence, in this case, of nerve impairment and lumbar x-rays were normal. The request for MRI of the lumbar spine without contrast is not medically necessary.

Physical Therapy x 6 for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, per the available documentation, the injured worker has participated in physical therapy for the cervical and thoracic spine but it is unclear how many visits or what the outcome of the visits was. He has also suffered from low back pain although the objective exam was essentially normal. A trial of physical therapy for the lumbar spine is warranted in this case. The request for physical therapy x 6 for lumbar spine is medically necessary.