

Case Number:	CM15-0147882		
Date Assigned:	08/10/2015	Date of Injury:	11/01/2014
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

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

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 30-year-old female, who sustained an industrial injury on 11-1-14. The injured worker has complaints of low back pain and neck pain that radiates to both shoulders. The documentation noted that there is tenderness at T2 through T7, L1 through S1 (sacroiliac) and at the metacarpophalangeal joint of the left thumb. The diagnoses have included chronic sprain and strain of cervicothoracic spine and the thoracolumbosacral spine, associated musculoligamentous; lumbar and cervical disc intraspinal injury and metacarpophalangeal joint arthritis of left thumb. Treatment to date has included medications. The request was for magnetic resonance imaging (MRI) of the lumbar spine and physical therapy two times a week six weeks to the lumbar spine quantity 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic)-MRIs (Magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for low back pain and radiating neck pain to the shoulders. When seen, she felt stressed. There was thoracic and lumbar tenderness. There was left thumb tenderness. There was a normal BMI. Prior imaging was not available for review. A new lumbar MRI was requested to determine impairment. Temporary total disability was continued. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. When seen by the requesting provider, prior imaging results were not reviewed. An MRI would not be needed to determine impairment as an impairment rating could be done through a standard physical examination with review of prior records. The MRI was not being requested as a part of the clinical management of the claimant's condition. It was not medically necessary.

Physical therapy two times a week for six weeks, lumbar spine Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for low back pain and radiating neck pain to the shoulders. When seen, she felt stressed. There was thoracic and lumbar tenderness. There was left thumb tenderness. There was a normal BMI. Prior imaging was not available for review. A new lumbar MRI was requested to determine impairment. Temporary total disability was continued. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. No specific therapeutic content or treatment goals were included in the documentation submitted for review. The request was not medically necessary.