

Case Number:	CM15-0166825		
Date Assigned:	09/04/2015	Date of Injury:	01/16/2003
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/25/2015

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: Physical Medicine & Rehabilitation

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 49-year-old female, who sustained an industrial injury on 1-16-03. She reported pain in her lower back. She subsequently underwent an L4-L5 and L5-S1 discectomy and anterior fusion on 9-16-08. The injured worker was diagnosed as having lumbar disc degeneration, lumbosacral radiculitis and generalized osteoarthritis. Treatment to date has included a morphine pain pump, a spinal cord stimulator and several x-rays and MRIs. On 6-30-15 the treating physician increased the amount of medication received through the morphine pump. Current medications include Lidoderm patch, Cymbalta, Amitriptyline, Nucynta and Cyclobenzaprine. A review of physical findings (2-12-15 through 5-7-15) indicated tenderness to palpation over the paravertebral muscles and restricted lumbar range of motion. As of the PR2 dated 7-15-15, the injured worker reports aching, burning and continuous pain in her lower back. She rates her pain 10 out of 10 without medications and a 7-8 out of 10 with medications. Objective findings include lumbar flexion 40 degrees, extension 10 degrees and lateral bending 15 degrees bilaterally. There is also a positive straight leg raise test bilaterally and sciatic notch tenderness bilaterally. The treating physician requested a CT scan of the lumbar spine and physical therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under CT scans of the lumbar spine.

Decision rationale: The 49-year-old patient complains of lower back pain with numbness, tingling, weakness and pain in the left lower extremity, as per progress report dated 07/15/15. The request is for CT SCAN OF THE LUMBAR SPINE. The RFA for this case is dated 07/22/15, and the patient's date of injury is 01/16/03. The patient is status post lumbar fusion, status post total knee replacement, and status post SCS implantation, and status post ITP implantation, as per progress report dated 07/15/15. Diagnoses included knee pain, degeneration of intervertebral disc, intervertebral disc displacement, pain in ankle and foot joint, multiple joint pain, generalized osteoarthritis, and thoracic/lumbosacral neuritis/radiculitis. Medications included Cyclobenzaprine, Cymbalta, Lidoderm patch, Wellbutrin, Amitriptyline, Omeprazole, Lasix, Medrol, Nucynta, Amitiza, and Promethazine among other things. The patient is permanent and stationary, as per the same report. ODG guidelines, Low back Chapter under CT scans of the lumbar spine states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance-fracture). Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion." In this case, the request for CT scan is noted in progress report dated 07/15/15. The patient does suffer from lower back pain. Physical examination reveals tenderness to palpation and neurologic deficit indicated by a positive straight leg raise. The treater states "the prior study has become progressively outdated from an interventional standpoint." As per the report, the patient needs an updated scan and has a neurologic deficit. The time frame and the results of the prior CT scan are not mentioned in the reports. There is no discussion pertaining to suspicion of cauda equina, tumor, infection, or fracture, for which CT scans, would be indicated. Additionally, there are no red flags and the patient does not present with a new injury that may warrant a new CT scan. Hence, the request IS NOT medically necessary.

Physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 49-year-old patient complains of lower back pain with numbness, tingling, weakness and pain in the left lower extremity, as per progress report dated 07/15/15. The request is for PHYSICAL THERAPY 12 SESSIONS. The RFA for this case is dated 07/22/15, and the patient's date of injury is 01/16/03. The patient is status post lumbar fusion,

status post total knee replacement, and status post SCS implantation, and status post ITP implantation, as per progress report dated 07/15/15. Diagnoses knee pain, degeneration of intervertebral disc, intervertebral disc displacement, pain in ankle and foot joint, multiple joint pain, generalized osteoarthritis, and thoracic/lumbosacral neuritis/radiculitis. Medications included Cyclobenzaprine, Cymbalta, Lidoderm patch, Wellbutrin, Amitriptyline, Omeprazole, Lasix, Medrol, Nucynta, Amitiza, and Promethazine among other things. The patient is permanent and stationary, as per the same report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 and PHYSICAL MEDICINE section, has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the request for 12 sessions of PT is noted in progress report dated 07/15/15. The treater states "PT is reasonable for stretching and strengthening and for teaching a proper home exercise program." The same progress report indicates that the patient has had PT in the past. None of the reports, however, documents the efficacy of prior therapy in terms of reduction in pain and improvement in function. It is not clear why the patient has not transitioned to a HEP yet. Additionally, MTUS only allows for 8-10 sessions in-patient who are not in the operative time frame, and the treater's request for 12 sessions exceeds that limit. Hence, the request IS NOT medically necessary.