

Case Number:	CM15-0181928		
Date Assigned:	09/23/2015	Date of Injury:	02/09/2008
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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 62 year old female, who sustained an industrial-work injury on 2-9-08. A review of the medical records indicates that the injured worker is undergoing treatment for sprain and strain of the lumbar spine, lumbago, right lower extremity (RLE) sciatic type symptoms, and left side lumbar foraminal stenosis. Medical records dated 5-7-15 to 7-2-15 indicate that the injured worker complains of pain involving the low back with frequent numbness and tingling in the bilateral lower extremities (BLE). The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-2-15 work status is modified with restrictions. The physical exam dated reveals that there is tenderness over the right shoulder with mild crepitation with active shoulder motion. The physician indicates that the injured worker has complaints of right leg pain and her Magnetic Resonance Imaging (MRI) scan of the lumbar spine from 2011 "shows no evidence of any neurologic compression on the right side." The physician indicates that at this time there is no indication for invasive treatment of the lumbar spine such as surgery or epidural steroid injection (ESI). The physician also indicates that the injured worker "remains quite symptomatic in regards to the low back which has been slowly worsening with time and the symptoms have clearly progressed over the past year and merit further therapeutic attention." There are no diagnostic reports noted in the records. Treatment to date has included pain medications currently including Vicodin, Diazepam and Lidoderm patches, right carpal tunnel decompression 7-6-12, right shoulder surgery 9-14-12, physical therapy (unknown amount), activity modifications, off work and other modalities. The request for authorization date was 9-1-15 and requested services included Magnetic resonance imaging (MRI) of the lumbar spine, Physical therapy 2 times a week for 4 weeks for the lumbar spine and Physical therapy 2 times a

week for 4 weeks for the right shoulder. The original Utilization review dated 9-8-15 non-certified the Magnetic resonance imaging (MRI) of the lumbar spine as per the guidelines a repeat Magnetic Resonance Imaging (MRI) is not routinely recommended and should be reserved for significant change in symptoms or findings of significant pathology. Due to the lack of documentation of any significant change or diagnostic testing, the request is not medically necessary. The request for Physical therapy 2 times a week for 4 weeks for the lumbar spine is non-certified as the documentation notes that the injured worker had physical therapy in the past but the number of sessions completed and any functional improvement obtained was not noted. Furthermore, there is no documentation of limitations that would necessitate more physical therapy sessions over the injured worker continuing therapy in a safe home exercise program (HEP) and therefore, the request is not medically necessary. The request for Physical therapy 2 times a week for 4 weeks for the right shoulder spine is non-certified as the documentation notes that the injured worker had physical therapy in the past but the number of sessions completed and any functional improvement obtained was not noted. Furthermore, there is no documentation of limitations that would necessitate more physical therapy sessions over the injured worker continuing therapy in a safe home exercise program (HEP) and therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) 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 Chapter - MRIs (magnetic resonance imaging).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in February 2008 and continues to be treated for right shoulder, right wrist, and low back pain. She has a history of successful right shoulder arthroscopic surgery. In July 2012 she had complaints of low back stiffness with radiating right lower extremity symptoms. A prior MRI of the lumbar spine in 2011 is referenced as showing no evidence of right-sided nerve compression. In July 2014, she was continuing to struggle with low back pain with right lower extremity radiating symptoms. Physical examination findings included normal strength. There was decreased right lower extremity sensation. There was positive right straight leg raising. When seen in July 2015, she was continuing to struggle with low back pain with frequent numbness and tingling in the legs. There was no examination of the spine or lower extremity neurological examination. There was some remaining shoulder tenderness with mild crepitus. Authorization is being requested for a repeat lumbar spine MRI and physical therapy for the lumbar spine and shoulder. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. The claimant's right lower extremity symptoms have been present since at least 2012. The requested MRI is not considered medically necessary.

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 injury in February 2008 and continues to be treated for right shoulder, right wrist, and low back pain. She has a history of successful right shoulder arthroscopic surgery. In July 2012 she had complaints of low back stiffness with radiating right lower extremity symptoms. A prior MRI of the lumbar spine in 2011 is referenced as showing no evidence of right-sided nerve compression. In July 2014, she was continuing to struggle with low back pain with right lower extremity radiating symptoms. Physical examination findings included normal strength. There was decreased right lower extremity sensation. There was positive right straight leg raising. When seen in July 2015, she was continuing to struggle with low back pain with frequent numbness and tingling in the legs. There was no examination of the spine or lower extremity neurological examination. There was some remaining shoulder tenderness with mild crepitus. Authorization is being requested for a repeat lumbar spine MRI and physical therapy for the lumbar spine and shoulder. The claimant is being treated for chronic pain with no new injury to either the lumbar spine or right shoulder. 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 needed or likely to be effective. The request is not considered medically necessary.

Physical therapy 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 injury in February 2008 and continues to be treated for right shoulder, right wrist, and low back pain. She has a history of successful right shoulder arthroscopic surgery. In July 2012 she had complaints of low back stiffness with radiating right lower extremity symptoms. A prior MRI of the lumbar spine in 2011 is referenced as showing no evidence of right-sided nerve compression. In July 2014, she was continuing to struggle with low back pain with right lower extremity radiating symptoms. Physical examination findings included normal strength. There was decreased right lower extremity sensation. There was positive right straight leg raising. When seen in July 2015, she was continuing to struggle with low back pain with frequent numbness and tingling in the legs. There was no examination of the spine or lower extremity neurological examination. There was some remaining shoulder tenderness with mild crepitus. Authorization is being requested for a repeat lumbar spine MRI and physical therapy for the lumbar spine and shoulder. The claimant is being treated for chronic pain with no new injury to either the lumbar spine or right shoulder. 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 needed or likely to be effective. The request is not considered medically necessary.