MAXIMUS Federal Services

Case Number:	CM15-0183690		
Date Assigned:	09/24/2015	Date of Injury:	05/19/2014
Decision Date:	12/04/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/18/2015

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 51-year-old who has filed a claim for chronic low back pain (LBP), reportedly associated with an industrial injury of May 19, 2014. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and MRI imaging of the lumbar spine. The claims administrator referenced an August 4, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of mid and low back pain. Epidural steroid injection therapy was sought. On a handwritten progress note, not clearly dated, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The applicant exhibited a visibly antalgic gait. The applicant had undergone earlier epidural steroid injection therapy with only minimal relief. The applicant also received at least 12 prior sessions of physical therapy, the treating provider reported. The applicant had issues with symptomatic spondylolisthesis, low back pain, degenerative disc disease, the treating provider, an orthopedic surgeon, reported. 12 sessions of physical therapy and new MRI for preoperative planning purposes was sought on the grounds that the previous lumbar imaging was over 1 year old. On April 20, 2015, the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had a longstanding history of sciatic pain, lumbar degenerative disease, and "neuropathy" secondary to neuroforaminal stenosis apparently noted on historical lumbar MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, quantity 12: Upheld

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

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

Decision rationale: No, the request for 12 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represented treatment in excess of the 8- to- 9-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at the various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, as of the date of the request. The treating provider acknowledged that the applicant had received 12 prior sessions of physical therapy. The applicant's failure to return to work following receipt of the same suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 12 prior sessions of physical therapy. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Conversely, the request for lumbar MRI imaging of the lumbar spine was medically necessary, medically appropriate, and 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 diagnosis is being evaluated. Here, the requesting provider, an orthopedic spine surgeon, reported that the lumbar MRI imaging was being sought for preoperative planning purposes. The requesting provider, an orthopedic spine surgeon, stated that prior lumbar MRI imaging performed one-year prior was too dated for preoperative planning purposes. Moving forward with repeat lumbar MRI imaging was, thus, indicated, given the applicant's failure to return to work and heightened radicular pain present on or around the date of request, given the seeming failure of various conservative treatments to include physical therapy, epidural steroid injection therapy, etc. Therefore, the request was medically necessary.