

Case Number:	CM15-0185155		
Date Assigned:	09/25/2015	Date of Injury:	08/18/2011
Decision Date:	12/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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 67 year old female who sustained an industrial injury on 8-18-11. The injured worker reported pain in the low back and leg. A review of the medical records indicates that the injured worker is undergoing treatments for cervical strain sprain, lumbosacral strain sprain, and lumbosacral arthritis-lumbar radiculitis. Provider documentation dated 8-18-15 noted the work status as returning to full duty 8-18-15. Treatment has included at least 6 sessions of physical therapy, lumbar spine magnetic resonance imaging, Cyclobenzaprine since at least July of 2014, Tramadol since at least July of 2014, home exercise program, chiropractic treatments, and epidural steroid injection. Of note, several documents within the submitted medical records are difficult to decipher. Objective findings dated 8-18-15 were notable for root impingement and weak right leg. The original utilization review (9-1-15) denied a request for Physical therapy 2 times weekly, lumbosacral spine Qty: 6 and MRI of the lumbosacral spine Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times weekly, lumbosacral spine Qty: 6: 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): Physical Medicine.

Decision rationale: The patient presents with lower back and leg pain. The request is for PHYSICAL THERAPY 2 TIMES WEEKLY, LUMBOSACRAL SPINE QTY: 6. the request for authorization is not provided. Patient's diagnoses include cervical strain/sprain; lumbosacral strain/sprain (acute); lumbosacral arthritis / lumbar radiculitis. Physical examination reveals root impingement. Weak 4/5 right leg. Decreased sensation right L5. Per progress report dated 08/18/15, the patient is returned to full duty. MTUS, Physical Medicine Section, pages 98, 99 states: "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." Treater does not discuss the request. The patient continues with lower back pain. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. Per progress report dated 08/18/15, treater states, "pain subsiding with help of physical therapy 6 sessions." In this case, the request for 6 additional sessions of Physical Therapy would exceed MTUS guidelines for non post-op conditions. Therefore, the request IS NOT medically necessary.

MRI of the lumbosacral spine Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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) Chapter, under MRIs.

Decision rationale: The patient presents with lower back and leg pain. The request is for MRI OF THE LUMBOSACRAL SPINE QTY: 1. the request for authorization is not provided. Patient's diagnoses include cervical strain/sprain; lumbosacral strain/sprain (acute); lumbosacral arthritis / lumbar radiculitis. Physical examination reveals root impingement. Weak 4/5 right leg. Decreased sensation right L5. Per progress report dated 08/18/15, the patient is returned to full duty. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI 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)." Treater does not discuss the request. Per progress report dated 08/18/15, the patient previously had an MRI of the Lumbosacral Spine on 02/25/13. For an updated or repeat MRI, the patient must present with new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.

