

Case Number:	CM15-0187291		
Date Assigned:	10/01/2015	Date of Injury:	06/18/2015
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This injured worker is a 51-year-old male, who sustained an industrial injury on 06-18-2015. The injured worker was diagnosed as having lumbar spine sprain. On medical records dated 08-12-2015 and 07-22-2015, the subjective complaints were noted as lumbar spine pain, and thoracic spine pain. Objective findings were noted as thoracic spine aching-pinching pain rated 5 out of 10. Lumbar spine aching -pinching pain in the low back regions rated 5 out of 10, radiating pain from low back into the bilateral lower extremities, difficulty falling asleep and wakens during the night due to the low back pain, and spasms in the low back. Lumbar spine decreased range of motion was noted. Treatments to date included medication, ice-hot packs, back brace, 5 sessions of chiropractic treatment and physical therapy evaluation. The injured worker was noted to be working on full duty with no restriction. Current medications were listed as Etodolac ER 600mg and Orphenadrine Citrate ER 100mg. The Utilization Review (UR) was dated 08-26-2015. A Request for Authorization was dated 08-19-2015. The UR submitted for this medical review indicated that the request for MRI of lumbar spine and physical therapy x6 lumbar spine was non-certified.

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 Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI Lumbar Spine is not medically necessary.

PT x 6 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Low Back, Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ACOEM recommends "1-2 physical therapy visits for education, counseling, and evaluation of home exercise". ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical

therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. Medical records document 6 physical therapy visits in July 2015. Records indicate positive improvement and discharge. A home exercise program is not outlined. The current request does not provide rationale as to why additional PT is required. As such, the request for PT x 6 Lumbar Spine is not medically indicated.