

Case Number:	CM15-0190477		
Date Assigned:	10/02/2015	Date of Injury:	01/28/2008
Decision Date:	11/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 1-28-2008. The injured worker is undergoing treatment for lumbar decompression, neural encroachment L4-5 and L5-S1, right wrist arthropathy, left medial epicondylitis of elbow and status post right foot surgeries (3) with persistent pain. Medical records dated 8-26-2015 indicate the injured worker complains of low back pain rated 7 out of 10, left elbow pain rated 6 out of 10, neck pain rated 6 out of 10, right wrist pain rated 5 out of 10 and left wrist pain rated 3 out of 10. She reports hydrocodone 7.5mg is not adequate to control pain. Physical exam dated 8-26-2015 notes decreased lumbar range of motion (ROM), and "neurologically, left elbow, wrist and cervical exam essentially unchanged." Treatment to date has included lumbar decompression, hydrocodone, Tramadol, ibuprofen, Soma, omeprazole and reflected patches. The original utilization review dated 9-25-2015 indicates the request for consult with gastroenterologist is certified and updated magnetic resonance imaging (MRI) of the lumbar spine is non-certified and physical therapy 3X4 for the lumbar spine is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated 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, MRI's.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. There was no new injury. The claimant already had an MRI in Oct 2014. The request for another MRI of the lumbar spine is not medically necessary.

Physical therapy 3 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: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had already completed an unknown amount of therapy and the additional 12 sessions exceed the guidelines recommended amount. Consequently, additional therapy sessions are not medically necessary.