

Case Number:	CM15-0193483		
Date Assigned:	10/09/2015	Date of Injury:	05/31/2015
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 42 year old male with an industrial injury date of 05-31-2015. Medical record review indicates he is being treated for lumbar myalgia, lumbar myospasm and lumbar neuritis-radiculitis. Subjective complaints (08-25-2015) included "constant" low back pain described as sharp, spasmodic and shooting in character. The pain is documented as radiating to the left hip, foot and legs and is associated with weakness and numbness. The pain is rated as 4-5 while resting and 6-9 with activities. The treating physician noted the injured worker's activities of daily living "are severely affected due to this pain." Other complaints were constant left buttock pain described as dull and aching in character with a pain rating of 4-5 while resting and 6-9 with activities. Associated symptoms included weakness, numbness, tingling and giving way. He also complained of constant left leg pain rated as 4-5 while resting and 7-10 with activities. Associated symptoms included weakness, numbness tingling, giving way and swelling. Work status (08-25-2015) is documented as "may return to work with restrictions of no heavy lifting more than 25 pounds, no bending or squatting and sitting or standing on an as-needed basis." The treating physician documented the only treatment the injured worker had received has been for the infection that he developed. His medications included Norco 2-3 tablets a day (08-25-2015). Physical exam (08-25-2015) noted tenderness, guarding and spasm in the paravertebral region bilaterally, more significantly on the right side (lumbar spine). Seated straight leg raise test was positive bilaterally with restricted range of motion due to pain and spasm. Sensory examination revealed decreased sensation to the right lumbar 4 and lumbar 5 dermatomes. The treatment plan included 3.0 Tesla MRI of the lumbar spine, consultation with

pain management and physical therapy. On 09-09-2015 utilization review issued the following decision regarding the requested treatments:-Physical therapy 3 x 4 for the lumbar - modified to 6 visits-Pain management consultation - denied-3.0 Tesla MRI of the lumbar spine - denied

IMR ISSUES, DECISIONS AND RATIONALES

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

3.0 Tesla MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, 3.0 Tesla MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar myalgia; lumbar minor spasm; and lumbar neuritis/radiculitis. Date of injury is May 31, 2015. Request for authorization is September 1, 2015. According to a new patient consultation orthopedic dated August 25, 2015, subjective complaints include low back pain that radiates to the left and the left hip. Objectively, there is tenderness and spasm over the power of vertebral muscles. The documentation does not specify whether this is thoracic, lumbar or lumbosacral. There are trigger points and positive straight leg raising. There is no neurologic evaluation. There are no plain radiographs documented in the record. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation (there is no neurologic evaluation). There are no red flags present. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a neurologic evaluation and no unequivocal objective findings that identify specific of compromise, 3.0 Tesla MRI of the lumbar spine is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, pain management consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar myalgia; lumbar minor spasm; and lumbar neuritis/radiculitis. Date of injury is May 31, 2015. Request for authorization is September 1, 2015. According to a new patient consultation orthopedic dated August 25, 2015, subjective complaints include low back pain that radiates to the left and the left hip. Objectively, there is tenderness and spasm over the power of vertebral muscles. The documentation does not specify whether this is thoracic, lumbar or lumbosacral. There are trigger points and positive straight leg raising. There is no neurologic evaluation. There are no plain radiographs documented in the record. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation (there is no neurologic evaluation). There are no red flags present. The documentation in the record indicates the treating orthopedist wants the pain management provider to dispense medications. The treating orthopedist is a licensed physician who can prescribe medications. There is no clinical indication or rationale for a pain management provider under the present set of facts. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for a pain management consultation, pain management consultation is not medically necessary.

Physical therapy 3 x 4 for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week comes four weeks to the lumbar spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured

worker's working diagnoses are lumbar myalgia; lumbar minor spasm; and lumbar neuritis/radiculitis. Date of injury is May 31, 2015. Request for authorization is September 1, 2015. According to a new patient consultation orthopedic dated August 25, 2015, subjective complaints include low back pain that radiates to the left and the left hip. Objectively, there is tenderness and spasm over the power of vertebral muscles. The documentation does not specify whether this is thoracic, lumbar or lumbosacral. There are trigger points and positive straight leg raising. There is no neurologic evaluation. There are no plain radiographs documented in the record. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation (there is no neurologic evaluation). There are no red flags present. There is no physical therapy documentation in the medical record. The request appears to be the initial request for physical therapy of the lumbar spine. The guidelines recommend a six visit clinical trial. The treating provider requested 12 sessions. The request exceeds the recommended guidelines for a clinical trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and request that exceeds the recommended six visit clinical trial, physical therapy three times per week comes four weeks to the lumbar spine is not medically necessary.