

Case Number:	CM15-0196324		
Date Assigned:	10/09/2015	Date of Injury:	08/17/2000
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: North Carolina

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:

This injured worker is a 60-year-old female who reported an industrial injury on 8-17-2000. Her diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease and radiculitis; chronic low back pain; status-post redo instrumentation and fusion with extension lumbar 2-3 "PLIF" on top of lumbar 3-sacral 2 A1 construct; muscle strain of left lower leg; and nervous system complications from surgical implanted device. Recent magnetic imaging studies of the lumbar spine were said to be done on 8-6-2015. Her treatments were noted to include: an agreed medical examination supplemental report on 9-15-2015; home physical therapy; medication management; and rest from work. The progress notes of 9-4-2015 reported: that she was post "PLIF" 1 2-3 surgery (12-30-14) and doing fine until 3 weeks prior when her home physical therapist overworked her left leg, resulting in writhing pain in the left medial thigh, rated 9 out of 10, with x-rays showing interval "PLIF" cage migration, computed tomography showing significant compression and no infection, and benign magnetic resonance imaging studies; decreasing back pain and leg numbness. The objective findings were noted to include: review of the 2-3-2015 lumbar x-rays; guarding, with actual holding, of the lateral hip joint of left and inner groin; now with severe pain localized to the left hip. The physician's request for treatments was noted to include left lumbar 2-3 exploration with stealth guidance, 2 hours, and alternatively, to try magnetic resonance stimulation with cerebral and local stimulation trials, with pre-approval; it is a one-of-a-kind, expensive treatment, for 10-20 treatments. No Request for Authorization for the request for magnetic resonance therapy was noted in the medical records provided. The Utilization Review of 9-24-2015 was noted to non-certify the request for magnetic resonance therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not directly address the requested service. A review of the medical literature and up-to date guidelines does not show any support for the use of magnetic resonance therapy in the treatment of back pain or degenerative disc disease. The California MTUS does specify that magnet therapy is not recommended in the treatment of chronic pain. Therefore, the request is not medically necessary.