

Case Number:	CM15-0215886		
Date Assigned:	11/05/2015	Date of Injury:	12/17/2014
Decision Date:	12/16/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 72 year old female, who sustained an industrial injury on December 17, 2014. She reported back pain radiating to the left groin. The injured worker was diagnosed as having myalgia. Treatment to date has included diagnostic studies, physical therapy, Flexeril, ibuprofen and exercise. On August 7, 2015, an x-ray of the lumbosacral spine showed dextroscoliosis in the mid lumbar area with degenerative arthritis in the L5-S1 facets on the right side. On September 2, 2015, the injured worker complained of hip pain with radiation to the back. She reported that her knee pain had decreased in severity. She stated that she sometimes can't lift her leg in the morning and she drags her leg occasionally. She was limiting her exercise and daily activities due to the pain. Physical examination of the lumbar spine showed decreased active range of motion with increase in radicular symptoms. There was a positive lumbopelvic component with left anterior sacroiliac innominate rotation and left sacral face rotation, hypomobility in L3, L4 and L5 with hypermobility in upper lumbar spine. There was increased long limb tension testing for sciatic nerve on the left side with increased muscular tension in piriformis. A positive slump and straight leg raise test on the left side was noted. There was weakness on testing left leg worse than right. Notes stated that injured worker would benefit from skilled physical therapy services, MRI and neuro assessment. An 8/21/15 document noted absent left DTR and full BLE strength. On November 2, 2015, utilization review denied a request for an MRI of the lumbar spine and six sessions of chiropractic treatment. A request for Gabapentin 300mg #90 and ibuprofen 600mg #90 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

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

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 -MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. The documentation reveals weakness in the lower extremities and the patient feeling as if she has to drag her leg. The patient request for a lumbar MRI is medically necessary.

Chiro # 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Chiro # 6 sessions is not medically necessary per the MTUS Guidelines. The MTUS recommends a trial of 6 visits over 2 weeks for the low back, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation is not clear that the patient has completed physical therapy at this point and the documentation is not clear why the patient needs both chiro before the efficacy of PT is determined. Furthermore, the request does not specify what body part the chiro is for therefore the request is not medically necessary.