

Case Number:	CM15-0218297		
Date Assigned:	11/10/2015	Date of Injury:	08/20/2015
Decision Date:	12/29/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 46 year old male with a date of injury of August 20, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain with right lower extremity radiculopathy. Medical records dated September 22, 2015 indicate that the injured worker complained of pain in the right lower back radiating to the right posterior leg, and numbness of the fourth and fifth toe. A progress note dated October 21, 2015 documented complaints of back pain radiating to the leg rated at a level of 5 to 8 out of 10. Per the treating physician (October 21, 2015), the employee was temporarily totally disabled. The physical exam dated September 22, 2015 reveals diffuse tenderness over the right lumbar paraspinal muscles with spasm, decreased range of motion of the lumbar spine, positive straight leg raise on the right, and minimally antalgic gait. The progress note dated October 21, 2015 documented a physical examination that showed decreased range of motion of the thoracolumbar spine, and positive straight leg raise on the right. Treatment has included medications (Motrin). The utilization review (November 5, 2015) non-certified a request for magnetic resonance imaging of the lumbar spine, and partially certified a request for six sessions of physical therapy for the lumbar spine (original request for eight sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, (MRIs) Magnetic resonance imaging.

Decision rationale: The medical records indicate the patient has complaints of moderate to severe low back pain that radiates into the right leg. The current request for consideration is MRI of the lumbar spine without contrast. The 10/21/15 attending physician report indicates the patient has clinical evidence of right L5 and/or S1 radiculopathy. An MRI of the lumbar spine and physical therapy is recommended. CA MTUS is silent regarding MRI of the lumbar spine and the ODG low back chapter was consulted. The ODG had this to say regarding MRI of the lumbar spine: Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the records do not indicate the patient has completed a course of physical therapy and there is no evidence that the patient is having severe or progressive neurologic deficit. Since physical therapy has been recommended, it is advisable to address the request for an MRI after the patient has completed a course of physical therapy. At this time the request for an MRI is premature and not consistent with ODG guidelines and therefore, not medically necessary.

Physical therapy for the lumbar region, 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

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

Decision rationale: The medical records indicate the patient has complaints of moderate to severe low back pain that radiates into the right leg. The current request for consideration is for physical therapy for the lumbar region, 8 sessions. The 10/21/15 attending physician report indicates the patient has clinical evidence of right L5 and/or S1 radiculopathy. An MRI of the lumbar spine and physical therapy is recommended. The CA MTUS states for physical therapy: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the patient has low back pain and associated leg pain with a suspicion of radiculopathy. There is no evidence that the patient has completed any prior physical therapy. Guidelines do recommend that the patient attempts a course of physical therapy prior to having additional diagnostic studies such as an MRI. The current request of physical therapy for 8 sessions is consistent with MTUS guidelines and is medically necessary.