

Case Number:	CM15-0032236		
Date Assigned:	02/25/2015	Date of Injury:	07/25/2013
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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
 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 32 year old female, who sustained an industrial injury on 7/25/2013. The mechanism of injury was not provided for review. Diagnoses include cervical sprain/strain, cervical radiculopathy, lumbar radiculopathy, sacroilitis, left shoulder adhesive capsulitis and lumbar sprain/strain. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/27/2015 indicates the injured worker reported neck, left shoulder and low back pain. On 2/12/2015, Utilization Review non-certified the request for lumbar spine 5 view x ray and 8 physical therapy sessions for the lumbar spine, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine-5 views: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicate that radiographs of lumbosacral spine are recommended when red flags are present. Lumbar spine X-rays are recommended in patients with low back pain with red flags for serious spinal pathology. It may be appropriate when the physician believes it would aid in patient management. Objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients. Imaging studies are indicated for cases in which red-flag diagnoses are being evaluated. The primary treating physician's progress report dated 1/27/15 documented that the patient had low back pain, which radiates to the left foot and ankle. The low back pain mostly radiates to the sacral region, bilateral gluteal region, left posterior thigh and leg to the bottom of left foot, which is mostly sharp shooting type. Physical examination was documented. Spasms noted in the lumbar paraspinal muscles and stiffness was noted in the lumbar spine. Tenderness was noted in the lumbar facet joints and in the bilateral posterior superior iliac spine, which is worse on the right side. Tenderness was noted in the left gluteal region musculature. Dysesthesia noted to light touch in the left L5 dermatome. Diagnoses included lumbar sprain and strain and lumbar radiculopathy. Objective findings were demonstrated on physical examination, and support the medical necessity for X-rays of lumbar spine, in accordance with MTUS and ACOEM guidelines. Therefore, the request for X-rays of lumbar spine is medically necessary.

8 sessions of physical therapy of the lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 47, 134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG - Preface, Physical Therapy Guidelines. ODG - Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) recommends 9 visits of physical therapy (PT) for lumbago and backache. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical

treatment. The request was for 8 sessions of physical therapy for the lumbar spine two times a week for four weeks. The physician peer review determination letter dated 2/12/15 documented that the patient has already been approved for 12 sessions of therapy. Twelve sessions of physical medicine were previously approved, and these previously approved 12 sessions had not been completed. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. No functional improvement with past physical therapy was documented. Therefore, the request 8 sessions of physical therapy is not supported by MTUS or ODG guidelines. Therefore, the request for 8 sessions of physical therapy is not medically necessary.