

Case Number:	CM15-0037933		
Date Assigned:	03/06/2015	Date of Injury:	03/30/2011
Decision Date:	04/17/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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:

The injured worker is a 60-year-old female, who sustained an industrial injury on March 30, 2013. She has reported injury to the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, wrist and knees. The diagnoses have included lumbago and lumbar radiculitis/thoracic radiculitis. Treatment to date has included surgery, diagnostic studies, medications and physical therapy. On January 19, 2015, the injured worker complained of intermittent medial sided pain that was improving. She stated that topical analgesic cream and medications were helping. She was using a cane for ambulation. She reported that her low back pain was increasing. The low back pain radiated down the bilateral lower extremities. On January 28, 2015 Utilization Review non-certified MRI of the lumbar spine without contrast, noting the CA MTUS and Official Disability Guidelines. Utilization Review modified the request for physical therapy (unspecified amount) to physical therapy x6 sessions, noting the CA MTUS and Official Disability Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of MRI of the lumbar spine without contrast and physical therapy (unspecified amount).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient presents with low back, right knee, shoulder, thoracic spine, and wrist pain. The patient is status post right knee VA, PMM/PLN, LR, CP, and extensive Synovectomy from 09/18/2014. The physician is requesting an MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. The RFA was not made available for review. The patient's date of injury is from 03/30/2012 and she is currently temporarily totally disabled. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states 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 and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. There are no MRI reports provided for review. The 01/19/2015 progress report notes that the patient had an MRI three years ago. The examination in this report shows normal lumbar range of motion. Sensory examination is intact. The patient has an antalgic gait and utilizes a cane for ambulation. In this case, the patient does not show any significant clinical findings to warrant an MRI of the lumbar spine. The request IS NOT medically necessary.

Physical Therapy (Unspecified amount): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with low back, right knee, shoulder, thoracic spine, and wrist pain. The patient is status post right knee VA, PMM/PLN, LR, CP, and extensive Synovectomy from 09/18/2014. The physician is requesting a PHYSICAL THERAPY UNSPECIFIED AMOUNT. The RFA was not made available for review. The patient's date of injury is from 03/30/2012 and she is currently temporarily totally disabled. The patient's surgery is from 09/18/2014 and post-surgical Physical Therapy guidelines apply. The MTUS Post-Surgical Guidelines page 24 and 25 on Arthropathy recommends 24 visits over 10 weeks. The records do not show any physical therapy reports. The report making the request does not specify the number of treatments requested. The 01/19/2015 report notes that the patient complains of low back pain radiating to the bilateral lower extremities. In this case, while a short course of physical therapy is appropriate to address the patient's current symptoms, the current request for

an unlimited number of physical therapy sessions is not supported by the guidelines. The request IS NOT medically necessary.