

Case Number:	CM15-0041715		
Date Assigned:	03/11/2015	Date of Injury:	03/11/2008
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

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

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 55 year old male with an industrial injury dated March 11, 2008. The injured worker diagnoses include lumbosacral spine strain with bilateral herniations and degenerative disc disease, radiculopathy of the right lower extremity, status post bilateral herniorrhaphies with reoccurrence on the right side and restricted range of motion in most joints. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated February 17, 2015, the injured worker reported lower back pain radiating into his right leg. The injured worker also reported residuals from his hernia surgery on the left side, anxiety and depression. Objective findings revealed small bulge in the right side of the abdomen consistent with recurrent hernia. The treating physician prescribed services for acupuncture for the low back, MRI of the lumbar spine and physiotherapy for the low back now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in 2008 and continues to be treated for chronic low back pain with right lower extremity radicular symptoms. Guidelines indicate that a 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, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Therefore, the requested MRI was not medically necessary.

Acupuncture x 10 visits for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in 2008 and continues to be treated for chronic low back pain with right lower extremity radicular symptoms. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number treatments is in excess of that recommended and therefore not medically necessary.

Physiotherapy x 6 visits for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in 2008 and continues to be treated for chronic low back pain with right lower extremity radicular symptoms. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.