MAXIMUS Federal Services

Case Number:	CM15-0047550		
Date Assigned:	03/19/2015	Date of Injury:	09/24/2014
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 53 year old male who sustained an industrial injury on 09/24/2014. Current diagnoses include lumbar spine muscle spasm, lumbar spine sprain/strain, and sciatica. Previous treatments included medication management, physical therapy, low back support, and home exercise program. Diagnostic studies included lumbar spine x-rays. Initial complaints included a sharp pain in the lower right hip area and back when he was stepping down. Report dated 02/23/2015 noted that the injured worker presented for follow-up, and Flexeril is making him tired. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included dispensing medications which included ibuprofen/nabumetone, Tramadol, carisiprodol, use wasabi cream, request for 6 additional physical therapy sessions for pain management and increase mobility, and request for MRI to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 - 99.

Decision rationale: The progress note dated January 9, 2015 indicates that the injured employee has returned to full duty without restrictions in December 2014. Without explanation of a specific functional deficit which is to be addressed, or a specific goal of physical therapy, or indication why a home exercise program is not sufficient, the request for six additional visits of physical therapy is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: The ACOEM guidelines indicate that the criteria for an MRI the lumbar spine includes the presence of a neurological deficit or a history of prior lumbar surgery. The most recent physical examination dated January 9, 2015 reveals tenderness and spasms along the lumbar spine paravertebral muscles and a normal lower extremity neurological examination. There are also no physical complaints of radicular symptoms or a history of prior lumbar spine surgery. Considering this, the request for an MRI the lumbar spine is not medically necessary at this time.