

Case Number:	CM15-0050841		
Date Assigned:	03/24/2015	Date of Injury:	10/01/2012
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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 47-year-old female, who sustained an industrial injury on 10/1/2012. She reported sharp pain in her low back. Diagnoses have included lumbosacral sprain/strain and L4-5 disc protrusion. Treatment to date has included chiropractic manipulation, physical therapy and non-steroidal anti-inflammatory medication. According to the orthopedic evaluation dated 1/5/2015, the injured worker complained of back pain. Lumbosacral exam revealed tenderness to palpation in the low back region. X-rays done in the office showed mild lumbosacral degenerative disc disease. The treatment plan was for updated magnetic resonance imaging (MRI) of the lumbosacral spine, physical therapy and acupuncture.

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 Page(s): 287.

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, MRI.

Decision rationale: The progress note dated January 15, 2015 indicates that the injured employee is already obtained an MRI the lumbar spine since the stated date of injury. Additionally, the physical examination on this date reveals no abnormal neurological findings nor are there any complaints of a radiculopathy. Considering this, this request for an MRI the lumbar spine is not medically necessary.

Physical therapy, twice weekly for six to eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

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

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy for the lumbar spine followed by home exercise for the injured employees low back condition. The attached medical record indicates that the injured employee has already participated in physical therapy for the lumbar spine. Considering this previous participation in formal physical therapy and without documentation to justify additional physical therapy rather than home exercise, this request for additional physical therapy is not medically necessary.