

Case Number:	CM15-0051597		
Date Assigned:	03/25/2015	Date of Injury:	11/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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 47 year old female, who sustained an industrial injury on 11/21/2011. Treatment to date has included MRI of the left shoulder, electrodiagnostic studies of the bilateral upper extremities, medications, MRI of the lumbar and cervical spine dated 09/19/2012, x-ray of the lumbar spine, physical therapy and epidural injection. Currently, the injured worker complains of right shoulder and low back pain. Diagnoses included cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy and pain in joint shoulder. The provider made reference to another provider's recommendations for an updated MRI of the lumbar spine to see if there had been any changes from previous. The provider noted that the injured worker was experiencing deconditioning secondary to pain and limited function and would benefit from physical therapy for the lumbar spine for core strengthening as well as improved range of motion and help with a home exercise program. On 02/24/2015, the provider requested authorization for lumbar spine MRI and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The progress report dated 2/19/15 documented subjective complaints of chronic low back pain. The patient denied acute changes in her condition since her previous visit. Objective findings demonstrated normal muscle tone without atrophy in bilateral lower extremities. No gait abnormalities were observed. No physical examination of the lumbar spine was documented. No objective evidence of neurologic deficit was documented. No evidence of cauda equina, tumor, infection, or fracture was documented. Without a documented physical examination of the lumbar spine, the request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Physical Therapy, Lumbar Spine, 12 sessions: Upheld

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

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.

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 exceeds the guideline, exceptional factors should be noted. 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 progress report dated 2/19/15 documented subjective complaints of chronic left shoulder low back pain. The patient denied acute changes in her

condition since her previous visit. The patient had physical therapy in the past. Date of injury was 11/21/11. Objective findings demonstrated normal muscle tone without atrophy in bilateral lower extremities. No gait abnormalities were observed. No physical examination of the lumbar spine was documented. No physical examination of the shoulder was documented. Without a documented physical examination of the shoulder and back, the request for physical therapy is not supported. 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. The request for 12 sessions of PT physical therapy exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for 12 sessions of PT physical therapy is not medically necessary.