MAXIMUS Federal Services

Case Number:	CM15-0059264		
Date Assigned:	04/03/2015	Date of Injury:	07/16/2008
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 07/16/2008. She reported stepping onto a broken step stool that collapsed causing her to fall onto her left leg and side and also cutting her arms and hands from hitting a shelf as she fell. The injured worker was diagnosed as having lumbago, left leg radiculopathy with hip flexor weakness, and left hip degenerative joint disease. Comorbid conditions include a stroke which occurred in 2014. Treatment to date has included laboratory studies, physical therapy (only done immediately after the injury in 2008), medication regimen, magnetic resonance imaging of the lumbosacral spine, x-ray of the pelvis, and magnetic resonance imaging of the pelvis and left hip. In a progress note dated 01/20/2015 the treating physician reports complaints of low back pain with the left worse than the right and radiating to the left lower extremity. The pain is rated a two to three out of ten with medication and a six to seven out of ten without medication. Exam showed paravertebral tenderness and tenderness in left buttocks, slight weakness in left hip flexors and on left ankle dorsiflexion, and absent left achilles reflex. The treating physician requested physical therapy for the lumbar spine and a magnetic resonance imaging of the lumbar spine to be performed if symptoms do not improve from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 week, Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): s 48-9; 90; 299-301 and 308-9,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over a 4 week period and the program should be tailored to allow for fading of treatment. The ACOEM guideline additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple PT sessions just after her injury over 8 years ago. Since then she suffered a stroke. She has chronic low back pain which worsened in early 2014 for which her provider has now ordered physical therapy. Repeat physical therapy is known to be effective for exacerbations of chronic low back pain the therapy and, if used, should follow the above recommendations. Medical necessity for this modality of therapy has been established.

MRI of the Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-4 and 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history/exam is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG)

and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient has had a prior lumbar MRI. The results were not available for review but the study was performed over one year ago and before the patient's most recent exacerbation. Her present history and exam show signs and symptoms consistent with left lumbar nerve root compromise. Since she has neurologic changes in her lower extremities as noted on examination a repeat MRI to define her lumbar anatomy is an appropriate study to request as it may direct further care. Medical necessity for this procedure has been established.