MAXIMUS Federal Services

Case Number:	CM15-0080168		
Date Assigned:	05/01/2015	Date of Injury:	04/29/2014
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida, 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 60 year old male, who sustained an industrial injury on April 29, 2014. He reported pushing an oversized wheelchair with a large patient with severe low back pain that radiated into his left buttocks and bilateral lower extremities. The injured worker was diagnosed as having lumbar strain, left L4-L5 radiculopathy, and rule out lumbar IVD displacement without myelopathy. Treatment to date has included x-rays, chiropractic treatments, and medication. Currently, the injured worker complains of severe low back pain that radiates into his left lower extremity, with constant throbbing in his left buttock and thigh as well as numbness that radiates into the heel of his left foot. The Primary Treating Physician's report dated April 2, 2015, noted the injured worker reported his symptoms as an 8/10 on a 0 to 10 scale of pain, with 0 being no pain and 10 being maximal pain. The injured worker's current medications were listed as Cyclobenzaprine, APAP Codeine, and Naproxen Sodium. Physical examination was noted to show moderate to severe lumbar and gluteal paraspinal spasms, more so on the left, with lumbar range of motion (ROM) decreased and painful, and positive straight leg raise. Tenderness to palpation was noted on the iliac crest and sacroiliac joint, with palpation of the left sciatic notch eliciting radicular symptoms into the left lower extremity. The treatment plan was noted to include a request for authorization for a MRI of the lumbar spine, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back Complaints.

Decision rationale: In this case, the claimant was injured a year ago. There were x-rays, results unknown. There is continued back pain and subjective numbness down the left leg. I did not find corresponding objective neurologic signs on a physical examination. Under MTUS/ ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000); Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request was is not medically necessary under the MTUS and other evidence-based criteria.

Physical therapy two times a week for four weeks (8 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 8 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: In this case, the claimant was injured a year ago. There were x-rays, results unknown. There is continued back pain and subjective numbness down the left leg. I did not find corresponding objective neurologic signs on a physical examination. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment

frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point .In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was not medically necessary.