

Case Number:	CM15-0085247		
Date Assigned:	05/07/2015	Date of Injury:	02/17/2015
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency 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 58 year old male, who sustained an industrial injury on 02/17/2015. He has reported subsequent low back pain and was diagnosed with lumbar strain/sprain. Treatment to date has included oral pain medication, application of heat, TENS unit, cryotherapy, ultrasound and physical therapy. In a progress note dated 04/16/2015, the injured worker complained of low back pain that had returned since changing gallons of water bottles at work. Objective findings were notable for slightly decreased range of motion of the lumbar spine. A request for authorization of MRI of the lumbar spine to rule out disc injury and for authorization of 8 additional physical therapy visits for the lumbar spine was submitted.

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): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI (magnetic resonance imaging) Lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has low back pain. The treating physician has documented slightly decreased range of motion of the lumbar spine. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (magnetic resonance imaging) Lumbar spine is not medically necessary.

Physical Therapy, Lumbar spine, 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical Therapy, Lumbar spine, 8 visits, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back pain. The treating physician has documented slightly decreased range of motion of the lumbar spine. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical Therapy, Lumbar spine, 8 visits is not medically necessary.