

Case Number:	CM15-0087549		
Date Assigned:	05/11/2015	Date of Injury:	10/23/2014
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35 year old female, who sustained an industrial injury on October 23, 2014. She reported going to sit on a stool that broke, falling backwards, with left shoulder injury. The injured worker was diagnosed as having musculoligamentous sprain/strain of the lumbar spine and rule out lumbar disc injury. Treatment to date has included acupuncture, MRI, left shoulder injection, x-ray, physical therapy, a back support, and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated March 17, 2015, noted the injured worker currently working light duty in shipping and receiving. The injured worker reported receiving six physical therapy visits, which did not help. A left shoulder injection in January 2015 was noted to improve the left shoulder pain. The physical examination was noted to show no tenderness in the left shoulder with full range of motion (ROM). The lumbar spine examination was noted to show moderate axial lumbar tenderness, slight tenderness and spasm in the lumbar paravertebral muscles, with range of motion (ROM) limited by discomfort. The Physician noted concern that the injured worker had little or no improvement over the past several months, with continued axial low back pain which significantly restricts her range of motion (ROM) and kept her on modified duty work. The treatment plan was noted to include recommendations for a lumbar MRI, Zanaflex and Naproxen for pain, Prilosec to protect the stomach, and request for chiropractic treatments and acupuncture to help with low back pain and place on a good exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x4 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2014 when she fell backwards landing on her buttocks. She continues to be treated for chronic low back pain. When seen, there had been no improvement after six previous physical therapy sessions. She was no longer having radiating symptoms. She had a limited standing and walking tolerance. Physical examination findings included lumbar tenderness and decreased and painful range of motion. There was a normal neurological examination. X-ray results were reviewed and were unrevealing. The claimant is being treated for chronic back pain. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and a previous course of treatment had been ineffective. No specific therapeutic content is being requested. The request is therefore not medically necessary.

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter- Lumbar & Thoracic (Acute & Chronic) Chapter.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in October 2014 when she fell backwards landing on her buttocks. She continues to be treated for chronic low back pain. When seen, there had been no improvement after six previous physical therapy sessions. She was no longer having radiating symptoms. She had a limited standing and walking tolerance. Physical examination findings included lumbar tenderness and decreased and painful range of motion. There was a normal neurological examination. X-ray results were reviewed and were unrevealing. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. Although there is a history of trauma, there are no neurological deficits. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore was not medically necessary.