MAXIMUS Federal Services

Case Number:	CM13-0063713		
Date Assigned:	01/15/2014	Date of Injury:	09/10/2013
Decision Date:	06/26/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 26 year old who sustained injury when he was rear-ended at a stop light on 9/10/2013. A plain X-Ray of the lumbar spine dated on the day of injury as noted by [redacted] did not show any evidence of acute neurological or skeletal abnormality. The patient completed a 3 months course of physical therapy. The clinic notes dated 11/20/2013, 12/5/2013 and 12/19/2013 from [redacted] was very brief and did not show any subjective findings of worsening of symptoms or objective finding of neuromuscular or orthopedic impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter.

Decision rationale: The CA MTUS did not fully address the indications for diagnostic MRI test for the evaluation of low back pain. The indications for lumbar spine MRI without contrast were fully addressed in the ODG guideline. It is used to further evaluate neurological and orthopedic impairments that is either progressive or did not resolve after completion of

conservative management and to further clarify findings previously documented on routine radiological tests. The medical records on this patient did not show any significant findings in the routine lumbar spine x-rays that were done on 9/10/2013. There is no documentation of subjective or objective findings of neurological impairment. Therefore, the request is not medically necessary.

ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE (9 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The CA MTUS and the ODG addressed indications for post injury physical therapy. The patient completed 3 months of physical therapy from the time of injury on September 2013 to December 2013. The [redacted] medical records dated 11/20/2013, 12/5/2013 and 12/19/2013 were sparse on details and did not document any significant physical finding except for limited muscle spasm. There was no significant decrease in range of motion or functional of the lumbar spine. Guidelines indicate that the patient should progress to home exercise program. The request is not medically necessary.

PHYSICAL THERAPY FOR THE CERVICAL SPINE (9 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

Decision rationale: The CA MTUS and the ODG addressed the indications for physical therapy after the injury. The patient completed the recommended 3 months of physical therapy in December, 2013. The medical records dated 12/5/2013 and 12/19/2013 did not show any significant residual decrease in range of motion of the cervical or lumbar spine. The only significant finding reported on 11/21/2013 was muscle spasm. There are no acute neurological or orthopedic objective findings. The patient should proceed to home exercise phase.