

Case Number:	CM14-0145798		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2013
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 45-year-old male who reported an injury on 08/30/2013 due to a motor vehicle accident while on his way to the jobsite. The injured worker has diagnoses of lumbar radiculopathy. Past medical treatment consists of physical therapy, the use of a TENS unit, lumbar epidural steroid injections, and medication therapy. Medications include Ultram 37.5. An MRI obtained on 10/04/2013 revealed that the injured worker had mild facet arthropathy at the L5-S1 level. There was significant disc collapse with central extruded fragment at the L5-S1 level as well. On 08/13/2014, the injured worker complained of back pain. Physical examination revealed that there was severe tenderness along the right paralumbar region with associated muscle spasm. There was decreased range of motion at the lumbar spine. There was straight leg raising sign positive bilaterally at 80 degrees. Comprehensive motor examination of the lower extremities, including extensor hallucis longus, anterior tibialis, gastrosoleus, peroneus longus and brevis, showed a 5+/5+ motor power bilaterally. Comprehensive sensory examination of the lower extremities showed a normal dermatomal pattern to pinprick and deep touch. Reflexes of the knee jerks and ankle jerks were 2+ bilaterally. Plantar response was downward bilaterally. Medical treatment plan is for the injured worker to continue with physical therapy 2 times a week for 6 weeks and have a repeat MRI of the lumbar spine. The provider is ordering lumbar MRI scan in order to determine whether in fact the injured worker will need surgical treatment for his lower back. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; 309, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for Continued Physical Therapy 2x week for 6 weeks is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted reports lacked any indication of the injured worker's prior course of physical therapy as well as the efficacy of the therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed was not submitted for review. Given that the request as submitted is for an additional 12 physical therapy sessions, it exceeds the recommended guidelines of 10 visits. Additionally, the request as submitted did not indicate what extremity was going to be receiving the physical therapy. Due to the lack of evidence and the request exceeding the amount of physical therapy allotted by the MTUS, the request for additional physical therapy is not medically necessary.

Repeat Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (web), Repeat MRI

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

Decision rationale: The request for a Repeat Lumbar MRI is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when a neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included documentation failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on examination, MRI is not supported by the referenced guidelines. Furthermore, it was noted in the submitted report that the injured worker underwent

an MRI on 10/04/2013. It is unclear as to why the provider is requesting an additional MRI. As such, the request is not medically necessary.