

Case Number:	CM14-0162834		
Date Assigned:	10/08/2014	Date of Injury:	01/30/2014
Decision Date:	12/15/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 58 year old male with a date of injury on 1/30/2014. Subjective complaints are of lumbar spine pain radiating to the legs. Physical exam showed sciatic notch tenderness, and decreased range of motion. MRI of the lumbar spine from 3/20/2014 showed left paracentral annular fissure at L5-S1 and mild disc degeneration with broad central 3 millimeter protrusion at L4-5. Prior treatment has included physical therapy (16 visits approved to date), aquatic therapy, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T (Tesla) MRI scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI

Decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month

conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient did not have objective evidence of radiculopathy on exam, and prior MRI was recently performed. Therefore, the medical necessity for a Lumbar MRI is not established.

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The ODG and CA MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG recommends 9 visits over 8 weeks for low back pain. Submitted records identify certification of 16 prior physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the patient's treatment. Therefore, the request for 8 additional physical therapy sessions is not medically necessary at this time.