

Case Number:	CM14-0092274		
Date Assigned:	09/12/2014	Date of Injury:	07/10/1997
Decision Date:	10/07/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Pain Management 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:

This 60 year-old patient sustained an injury on 7/10/1997 while employed by [REDACTED]. Request(s) under consideration include Physical therapy, twelve (12) sessions and MRI of the lumbar spine. Diagnoses include Pos-lumbar laminectomy syndrome/ facet syndrome/ spinal stenosis s/p lumbar fusion with bone graft on 8/10/1999 and s/p hardware removal, bilateral laminotomies with arthrodesis at L3-4 with bone graft and pain pump on 6/10/08. Conservative care has included physical therapy, massage therapy, massage therapy, medications, lumbar epidural steroid injections (last on 4/22/14 with 40% relief for 2-3 weeks); and modified activities/rest. Report of 5/21/14 from the provider noted the patient was rear-ended in motor vehicle accident with neck pain and increased ongoing low back pain s/p LESI with 40% relief. Exam showed limited lumbar range of motion; decreased sensation over right lateral thigh; otherwise neurologically intact with change. Treatment included additional PT and MRI. Last MRI of lumbar spine dated 7/12/10 showed stable exam when compared to study of 12/2/08 with mild central stenosis at L3-4 due to disc bulging (no changed) with decreased soft tissue edema. There is a dated 6/6/14 peer review with certification for PT x 6 sessions and massage therapy x 6 sessions. The request(s) for Physical therapy, twelve (12) sessions and MRI of the lumbar spine were non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twelve (12) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 60 year-old patient sustained an injury on 7/10/1997 while employed by [REDACTED]. Request(s) under consideration include Physical therapy, twelve (12) sessions and MRI of the lumbar spine. Diagnoses include Pos-lumbar laminectomy syndrome/ facet syndrome/ spinal stenosis s/p lumbar fusion with bone graft on 8/10/1999 and s/p hardware removal, bilateral laminotomies with arthrodesis at L3-4 with bone graft and pain pump on 6/10/08. Conservative care has included physical therapy, massage therapy, massage therapy, medications, lumbar epidural steroid injections (last on 4/22/14 with 40% relief for 2-3 weeks); and modified activities/rest. Report of 5/21/14 from the provider noted the patient was rear-ended in motor vehicle accident with neck pain and increased ongoing low back pain s/p LESI with 40% relief. Exam showed limited lumbar range of motion; decreased sensation over right lateral thigh; otherwise neurologically intact with change. Treatment included additional PT and MRI. Last MRI of lumbar spine dated 7/12/10 showed stable exam when compared to study of 12/2/08 with mild central stenosis at L3-4 due to disc bulging (no changed) with decreased soft tissue edema. There is a dated 6/6/14 peer review with certification for PT x 6 sessions and massage therapy x 6 sessions. The request(s) for Physical therapy, twelve (12) sessions and MRI of the lumbar spine were non-certified on 5/6/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints or clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for several visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments with recent certification of 6 PT and 6 massage therapy sessions authorized. There is no report of acute flare-up or change in clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of 1997 with last surgery in 2008. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, twelve (12) sessions is not medically necessary and appr

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 53, 303-304. Decision based on Non-MTUS Citation ODG, MRI; AMA guides, pages 382-383

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

Decision rationale: This 60 year-old patient sustained an injury on 7/10/1997 while employed by [REDACTED]. Request(s) under consideration include Physical therapy, twelve (12) sessions and MRI of the lumbar spine. Diagnoses include Pos-lumbar laminectomy syndrome/ facet syndrome/ spinal stenosis s/p lumbar fusion with bone graft on 8/10/1999 and s/p hardware removal, bilateral laminotomies with arthrodesis at L3-4 with bone graft and pain pump on 6/10/08. Conservative care has included physical therapy, massage therapy, massage therapy, medications, lumbar epidural steroid injections (last on 4/22/14 with 40% relief for 2-3 weeks); and modified activities/rest. Report of 5/21/14 from the provider noted the patient was rear-ended in motor vehicle accident with neck pain and increased ongoing low back pain s/p LESI with 40% relief. Exam showed limited lumbar range of motion; decreased sensation over right lateral thigh; otherwise neurologically intact with change. Treatment included additional PT and MRI. Last MRI of lumbar spine dated 7/12/10 showed stable exam when compared to study of 12/2/08 with mild central stenosis at L3-4 due to disc bulging (no changed) with decreased soft tissue edema. There is a dated 6/6/14 peer review with certification for PT x 6 sessions and massage therapy x 6 sessions. The request(s) for Physical therapy, twelve (12) sessions and MRI of the lumbar spine were non-certified on 5/6/14. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this low back injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as reports from the provider demonstrated intact unchanged clinical findings without significant acute neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.