

Case Number:	CM14-0142503		
Date Assigned:	09/22/2014	Date of Injury:	09/06/2012
Decision Date:	01/14/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/03/2014

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 New Jersey and New York. 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 54 year-old female who was injured on 9/6/12 while changing sheets resulting in sudden pain the lower back. She currently complains of bilateral leg pain with walking with "electric feeling in her right foot". On exam, there was no tenderness of lower back, normal range of motion, normal strength except for slightly decreased anterior and posterior tibialis on the right. On 4/25/14, she had L5-S1 fusion but symptoms were worse. A 5/2014 x-ray showed hyperlordosis and dextrocurvature, end plate spurring, facet joint arthropathy of the mid and lower lumbar spine, post-surgical changes at L5-S1, and osteopenia. An 8/2014 x-ray showed stable placement of implants and fusions and decreased disc height at the levels above the fusion L3-4, L4-5. She was diagnosed with postlaminectomy syndrome of the lumbar region, lumbar radiculitis, idiopathic scoliosis, and acquired spondylolisthesis. Her treatment included physical and occupational therapy, heat and cold packs, electrical stimulation, medications, and home exercise program. Medications included Lyrica, Prilosec, Naproxen, and Norco. The patient improved with therapy but still had residual lumbar radiculopathy. The current request is for 12 additional physical therapy sessions for the lumbar spine and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine (12 sessions): Upheld

Claims Administrator 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), Physical Therapy

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

Decision rationale: The request for additional physical therapy is not medically necessary. The patient already had 12 sessions of physical therapy with improvement and should have been taught a home exercise program to continue at home. Twelve additional sessions is likely to be unnecessary and exceeds to 10 session maximum recommended by MTUS for myalgias. The patient currently swims at her local gym as well. The patient is able to perform ADL's. The request as stated is not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 07/03/14)

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

Decision rationale: The request for lumbar MRI is medically necessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. The patient had continued lumbar radiculopathy and on exam, had decreased strength of anterior and posterior tibialis on the right. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. However, the patient is more than 8 months post-op and continues with pain. Patient also had improvement in symptoms and was able to do more ADLs after her physical therapy sessions but has residual pain with specific finding on exam. Because of these reasons, the request for lumbar MRI is medically necessary.