

Case Number:	CM15-0007372		
Date Assigned:	01/26/2015	Date of Injury:	10/14/2009
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76 year old male, who sustained an industrial injury on 10/14/2009. The documentation from the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with right hand contusion, lumbar two to three spondylolisthesis with large caudally extending bulge to the left lumbar four lateral recess, lumbar three to four and lumbar four to five circumferential central disc protrusion causing stenosis, lumbar five to sacral one facet arthropathy with central disc bulge, and right leg radiculopathy. Treatment to date has included radiofrequency ablation bilaterally at lumbar three to five, facet blocks, and oral medication regimen. Currently, the injured worker complains of low back pain at the lumbar five to sacral one level and was rated a six out of ten. The treating physician requested lumbar spine x-ray with flexion and extension, lumbar spine magnetic resonance imaging without contrast, and physical therapy two times three weeks noting that the injured worker's back pain is now lower than previous complaints. On 12/26/2014 Utilization Review modified the request for physical therapy two times three weeks to physical therapy two times one week and non-certified the requests for lumbar spine x-ray with flexion and extension and lumbar spine magnetic resonance imaging without contrast noting the California Medical Treatment Utilization Schedule: Chronic Pain and ACOEM Guidelines and Official Disability Guidelines-Treatment In Workers' Compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for three weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with hand and back pain. The current request is for Physical Therapy, twice weekly for three weeks. The treating physician states, complaints of low back pain, around the L5-S1 level, rated a 6/10 on VAS. He has complaints of right hand pain, rated a 6/10 on VAS. (B.28) The MTUS Guidelines supports physical therapy and states for, Myalgia, myositis and neuritis type conditions, unspecified (ICD9 729.1): 8-10 visits over 8 weeks. In this case, there is no indication in the reports submitted for review that the patient has previously undergone physical therapy. Therefore the current request falls within the amount allowed by the MTUS Guidelines. Recommendation for authorization.

Lumbar spine x-ray, flexion/extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Low back Chapter, Radiography

Decision rationale: The patient presents with hand and back pain. The current request is for Lumbar spine x-ray, Flexion/Extension. The treating physician states, “complaints of low back pain, around the L5-S1 level, rated a 6/10 on VAS. He has complaints of right hand pain, rated a 6/10 on VAS. (B.28) The MTUS Guidelines do not cover X-Rays. The ODG Guidelines state, Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks.” Those red flags include, Lumbar spine trauma (a serious bodily injury): pain, tenderness, trauma, neurological deficit, and/or seat belt fracture. In this case, there is no indication of any red flags as required by the ODG guidelines. The current request is not medically necessary and the recommendation is for denial.

Lumbar spine MRI, without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, table 12 - 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Low Back Chapter, MRI Section.

Decision rationale: The patient presents with hand and back pain. The current request is for Lumbar spine MRI, without contrast. The treating physician states, "complaints of low back pain, around the L5-S1 level, rated a 6/10 on VAS. He has complaints of right hand pain, rated a 6/10 on VAS. I will request authorization for flexion and extension x-rays of the lumbar spine, as well as an updated MRI scan of the lumbar spine without contrast." The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The ODG goes on to state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the patient does have radiculopathy affecting the right leg, but no other red flags are indicated. There is no justification provided to warrant a repeat MRI scan as there has been no significant change in symptoms suggestive of significant pathology. The current request is not medically necessary and the recommendation is for denial.