

Case Number:	CM15-0010371		
Date Assigned:	01/27/2015	Date of Injury:	10/23/2013
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32 year old male who sustained a work related injury on October 23, 2013, who incurred back injuries after falling off a roof. Diagnoses included lumbar herniated nucleus pulposus with bilateral radiculopathy and underwent a lumbar laminectomy and decompression and discectomy. Treatment consists of pain medication, aquatic therapy and walking therapy. By December 2014, the claimant had completed at least 12 sessions of land based physical therapy and aquatic therapy sessions. A progress note on 12/3/14 indicated the claimant had an reduced range of motion of the lumbar spine but no abnormal neurological findings. There was paracervical and midline thoracic tenderness noted. Currently, the injured worker continued to complain of ongoing back pain. On December 26, 2014, a request for a service of Land therapy twice a week for 6 weeks for the lumbar sacral spine was modified to Land-based therapy times 6 sessions for the lumbar spine and a request for a Magnetic Resonance Imaging (MRI) of the cervical and thoracic spine was non-certified by Utilization Review, noting the Chronic pain Medical Treatment Guidelines, Official Disability Guidelines and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 11/21/14-physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition, the MTUS guidelines recommend up to 8 sessions of physical therapy with a fading frequency. In this case, the claimant had completed over 20 sessions of combined land and aqua therapy. Consequently, additional 12 land based therapy sessions are not medically necessary.

MRI of the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation ODG- TWC Neck & Upper Back Procedure Summary Indications for MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The physical exam findings did not warrant an MRI. The request for an MRI of the cervical and thoracic spine is not medically necessary.