

Case Number:	CM15-0110553		
Date Assigned:	06/17/2015	Date of Injury:	12/27/2014
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old male, who sustained an industrial injury on December 27, 2014. The injured worker was diagnosed as having cervical and lumbar strain/sprain and radiculopathy and bilateral femoral hernia with obstruction. Treatment to date has included medication. A progress note dated May 8, 2015 provides the injured worker complains of neck pain rated 7/10 radiating to both hands with tingling. He also reports back pain rated 8/10 with radiation the right leg with numbness and tingling. He has pain on urination and occasional testicular pain rated 6-7/10. The pain is causing sleep disturbance. Physical exam notes cervical tenderness with decreased range of motion (ROM), an antalgic gait and lumbar tenderness with decreased range of motion (ROM) and positive straight leg raise. The plan includes magnetic resonance imaging (MRI), physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine Chapter.

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 section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times three weeks of the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; sprain strain back; sprain strain neck; and bilateral femoral hernia with obstruction. A progress note from physical therapy dated March 11, 2015 shows the injured worker was on physical therapy session #18. There is no documentation evidencing objective functional improvement. There is no rationale the medical record by the injured worker is not engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is clinically indicated. Objectively, according to a progress note dated May 8, 2015, there was tenderness palpation overlying the paraspinal muscle groups with spasm. It was positive straight leg raising. Neurologic examination showed decreased sensation L5 - S1. Consequently, absent clinical documentation with objective functional improvement (from prior 18 physical therapy sessions) and compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is warranted, physical therapy three times per week times three weeks of the lumbar spine is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Parameters for medical imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; sprain

strain back; sprain strain neck; and bilateral femoral hernia with obstruction. An MRI of the lumbar spine was performed March 17, 2015. The results showed beginning disc desiccation T12 - L1 down to L5 - S1; bilateral facet degeneration L1 - L2 down to L5 - S1; broad-based disc herniation at L4 - L5; and broad-based disc herniation L5 - S1. Objectively, according to a progress note dated May 8, 2015, there was tenderness palpation overlying the paraspinal muscle groups with spasm. It was positive straight leg raising. Neurologic examination showed decreased sensation L5 - S1. The remainder of the neurologic evaluation was normal. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no compelling clinical facts indicating a repeat MRI of the lumbar spine is clinically indicated. Consequently, absent a compelling clinical documentation with a significant change in symptoms and objective findings since the first MRI performed March 17, 2015, MRI of the lumbar spine is not medically necessary.