

Case Number:	CM15-0111754		
Date Assigned:	06/18/2015	Date of Injury:	02/01/2014
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female, who sustained an industrial injury on 2/1/14. She reported radiating pain from her lower back into her hips and buttocks. The injured worker was diagnosed as having L4-5 herniated nucleus pulposus, lumbar spinal stenosis, bilateral radiculitis, and radiculopathy. Treatment to date has included a right sided transforaminal nerve block at L5, chiropractic treatment, and medication. Currently, the injured worker complains of low back pain referred to both sciatic areas and hip joints. The treating physician requested authorization for a MRI of the lumbar spine without dye and physical therapy 2x6. The treating physician noted a MRI is needed as the most recent MRI is 1 year old.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, CA MTUS does not address the issue. ODG cites that repeat MRI is not routinely recommended, and should be reserved for when there is significant change in symptoms and/or findings suggestive of significant pathology (e. g. , tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no identification of any significant change in symptoms and/or findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Physical therapy 2 x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.