

Case Number:	CM15-0124840		
Date Assigned:	07/09/2015	Date of Injury:	08/06/2014
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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 25-year-old male who sustained a work related injury August 6, 2014. While pushing a pallet weighing approximately 2,000 pounds, he felt a sudden pain in his back radiating to his buttocks. He received medication, x-rays of the lumbar spine and pelvis (normal), chiropractic treatment, and six visits of physical therapy. According to a complex orthopedic spinal consultation and evaluation, dated May 7, 2015, the injured worker presented with chronic low back pain. Examination of the lumbar spine revealed; range of motion; true flexion 40/60 degrees, sacral flexion 40 degrees, extension 10/25 degrees, left and right lateral bending 15/25 degrees. His gait is brisk with good coordination. There is diffuse pain on palpation of the lower lumbar spine, provoked with extension, and sensation to light touch is intact. The straight leg raise test is negative bilaterally, hip range of motion does not reproduce pain and there is no atrophy of the quadriceps or calves bilaterally. Diagnosis is documented as lumbar strain. Treatment plan included Mobic and at issue, is the request for physical therapy for the lumbar spine and an 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:

Physical Therapy, Lumbar Spine, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical Therapy (PT).

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 lumbar spine two times per week times six weeks (12 sessions) 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar strain. The date of injury is August 6, 2014. Request authorization is dated June 4, 2015. According to a progress note dated August 12, 2015, the injured worker has low back pain. Objectively, there is decreased range of motion with tenderness to palpation. There is tenderness over the facet joints. The injured worker has a normal gait. Neurologically, there is no documentation of radiculopathy or neurologic dysfunction. X-rays show minimal disc disease. According to the documentation, needed worker has not received physical therapy. The treating provider requested 12 sessions of physical therapy the lumbar spine. The guidelines recommend a six visit clinical trial. The treating provider exceeded the recommended guidelines by ordering/requesting 12 sessions prior to the six visit clinical trial. Consequently, absent clinical documentation of a six visit clinical trial with objective functional improvement, physical therapy lumbar spine two times per week times six weeks (12 sessions) is not medically necessary.

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 303-304; 52. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

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 diagnosis is lumbar strain. The date of injury is August 6, 2014. Request authorization is dated June 4, 2015. According to a progress note dated August 12, 2015, the injured worker has low back pain. Objectively, there is decreased range of motion with tenderness to palpation. There is tenderness over the facet joints. The injured worker has a normal gait. Neurologically, there is no documentation of radiculopathy or neurologic dysfunction. X-rays show minimal disc disease. There were no red flags or unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with red flags, unequivocal objective documentation of specific nerve compromise or radiculopathy, MRI of the lumbar spine is not medically necessary.