

Case Number:	CM15-0126015		
Date Assigned:	07/10/2015	Date of Injury:	10/22/2014
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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:

This 53-year-old female sustained an industrial injury on 10/22/14. She subsequently reported back pain. Diagnoses include cervical stenosis, lumbago and cervical and lumbar degeneration. The treatment plan includes MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience cervical and lumbar symptoms. Upon examination, motor strength in lower extremities was within normal limits except for reductions in bilateral EHL and tibialis anterior. A request for lumbar MRI and physical therapy 2 x 4 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Minnesota rules.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Lumbar MRI, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has cervical and lumbar symptoms. Upon examination, motor strength in lower extremities was within normal limits except for reductions in bilateral EHL and tibialis anterior. The treating physician has not documented evidence of an acute clinical change since the previous lumbar spine imaging study. The criteria noted above not having been met, Lumbar MR is not medically necessary.

Physical therapy 2 x 4: Upheld

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), low back chapter.

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

Decision rationale: The requested Physical therapy 2 x 4, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has cervical and lumbar symptoms. Upon examination, motor strength in lower extremities was within normal limits except for reductions in bilateral EHL and tibialis anterior. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 x 4 is not medically necessary.