

Case Number:	CM15-0020842		
Date Assigned:	02/10/2015	Date of Injury:	07/09/2003
Decision Date:	04/09/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58-year-old female who sustained an industrial injury on July 9, 2003. There was no mechanism of injury documented. The injured worker underwent bilateral total knee arthroplasties with recent revision of a left total knee replacement on June 2, 2014, and a L4-L5 and L5-S1 posterior interbody fusion in October 2013. The injured worker was diagnosed with cervical radiculopathy, cervical facet arthropathy, lumbar radiculopathy, bilateral degenerative joint disease of the knees and obesity. The injured worker is opioid tolerant. According to the primary treating physician's progress follow up report on January 15, 2014, the injured worker continues to experience on-going neck pain radiating to the upper extremities, headaches, low back with right hip pain and radiation to the bilateral lower extremities and bilateral knee pain to the ankle. An antalgic gait is noted and the patient ambulates with a cane. Current medications consist of Oxycodone, Tramadol, Gabapentin, Celexa, Flexeril, Alprazolam, Senekot and Omeprazole. Treatment modalities consist of physical therapy to left knee, home exercise program and medication. The treating physician requested authorization for magnetic resonance imaging (MRI) of the lumbar spine. On January 20, 2015, the Utilization Review denied certification for magnetic resonance imaging (MRI) of the lumbar spine. Citation used in the decision process was the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: The attached medical record indicates that the injured employee has previously participated in physical therapy for an unknown period of time with unknown efficacy. Additionally, a progress note dated January 15, 2015 indicates that the injured employee currently participates in a home exercise program with good relief. For these reasons, this request for 12 additional physical therapy treatments for the lumbar spine is not medically necessary.