

Case Number:	CM15-0066593		
Date Assigned:	04/14/2015	Date of Injury:	11/21/2011
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 11/21/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, pain in the shoulder joint, and rotator cuff rupture. Treatment to date has included cortisone injection, lumbar epidural steroid injections, medication regimen, magnetic resonance imaging of the left shoulder, electromyogram to the bilateral upper extremity, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, and x-ray of the lumbar spine. In a progress note dated 02/19/2015 the treating physician reports complaints of continued left shoulder pain and low back pain with radiation to the left lower extremity and ankle. The pain is rated an eight out of ten without medication and a four out of ten with medication. The treating physician requested magnetic resonance imaging of the lumbar spine with the treating physician recommending an updated magnetic resonance imaging of the lumbar spine to evaluate for any changes since prior magnetic resonance imaging. The treating physician also requested twelve sessions of physical therapy with the treating physician noting that prior physical therapy has helped the injured worker significantly and that she would benefit from core strengthening of the lumbar spine to improve range of motion and assist with home exercise program.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not recommend the routine use of MRI studies for the low back unless there are neurological findings not well explained by other means. ODG Guidelines provide additional information regarding the medical necessity for repeat MRI scanning. ODG Guidelines do not recommend repeat MRI scans unless there is a definitive change in the patient's clinical status. This request for a repeat MRI scan does not meet these criteria. This individual's neurological status and subjective complaints are stable over a long period of time. The Guidelines do not support repeat testing "just to update" the test. The lumbar MRI is not supported by Guidelines and is not medically necessary.

Physical Therapy 12 Sessions Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: MTUS Guidelines consider 8-10 sessions total of physical therapy for most chronically painful conditions. This individual has had prior physical therapy and the medical necessity of a course of therapy that exceeds what is even recommended for a new injury is not Guideline supported. Guidelines encourage the development and follow through with a home based activity program, which this patient has had opportunity to do. There are no unusual circumstances to justify an exception to Guidelines. The request for 12 sessions of physical therapy for the lumbar spine is not medically necessary.