

Case Number:	CM15-0073216		
Date Assigned:	04/23/2015	Date of Injury:	02/19/2010
Decision Date:	05/28/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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 35 year old female, who sustained an industrial injury on 02/19/2010. Diagnoses included lumbago, cervicgia, sprain/strain of the neck and sprain/strain of the lumbar region. According to a partially legible handwritten progress report dated 03/02/2015, the injured worker's knee felt weak and give away. Objective findings were not documented. Treatment plan included MRI of the lumbar spine, MRI of the right and left knee and active physical therapy. Currently under review is the request for a MRI of the low back and physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI low back area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

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 documentation from hand written progress note dated March 2, 2015 is largely illegible. Subjectively, the knee feels warm and gives way. The objective section is blank. The diagnoses are illegible although disc herniation is legible. The documentation indicates the injured worker had an MRI of the lumbar spine in 2013. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no significant new symptoms or changes in symptoms and signs documented in the medical record. There are no red flags documented in the medical record. There is no neurologic examination in the March 2, 2015 progress note. Consequently, absent clinical documentation with a clinical rationale to repeat the MRI of the lumbar spine, MRI lumbar spine is not medically necessary.

Physical Therapy 3x4 weeks to the low back area: 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 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 three times per week times four weeks to the low back area 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 exceeds the guideline, exceptional factors should be noted. In this case, the documentation from hand written progress note dated March 2, 2015 is largely illegible. Subjectively, the knee feels warm and gives way. Objectively the section is blank. The diagnoses are illegible although disc herniation is legible. The date of injury is February 19, 2010. The worker underwent previous physical therapy according to the utilization review. There was no documentation in the medical record of the total number of physical therapy sessions to date and whether there was objective functional

and/or subjective improvement. There was no indication the injured worker engaged or engages in a home exercise program. The documentation does not contain evidence of an acute exacerbation. Additionally, there are no compelling clinical facts in the medical record indicating additional therapy is clinically indicated. Consequently, absent clinical documentation of prior physical therapy with objective functional improvement, the total number of physical therapy sessions to date, and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks to the low back area is not medically necessary.