MAXIMUS Federal Services

Case Number:	CM15-0074995		
Date Assigned:	04/24/2015	Date of Injury:	12/06/2010
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 57 year old male who sustained a work related injury December 6, 2010. According to a primary treating physician's progress report, dated April 2, 2015, the injured worker presented with complaints of low back and left shoulder pain, rated 9-10/10, which has remained the same since the last visit. The lumbar spine examination revealed grade 2-3 tenderness to palpation over the paraspinal muscles and 2-3 spasm, straight leg raise is positive and trigger points are present. Examination of the left shoulder revealed grade 2-4 tenderness to palpation which has increased from 2-3 the last visit. Diagnoses included lumbosacral spine musculoligamentous sprain/strain; lumbar spine multiple disc protrusions and stenosis; left shoulder sprain/strain; left shoulder tendinitis; left shoulder impingement syndrome and rotator cuff tear; acromioclavicular joint osteoarthritis/bursitis. Treatment plan included request for authorization for physical therapy 2 x 6 for the lumbar spine and left shoulder, pending authorization for neurological consultation. At issue, is also the request for 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 2xwk x 6wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

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 two times per week times six weeks the lumbar spine 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 injured worker's working diagnoses are lumbosacral musculoligamentous sprain/strain; lumbar spine multiple disc protrusions and IVF stenosis; left shoulder sprain/strain; left shoulder tendinitis; left shoulder impingement syndrome; left shoulder rotator cuff tear; acromioclavicular joint osteoarthritis/bursitis; sleep disturbance; depression. Documentation from a January 4, 2014 progress note states the injured worker received 12 physical therapy visits to the lumbar spine. There was no objective functional improvement documented. A physical therapy progress note dated March 17, 2015 shows physical therapy visit #34 was given to the lumbar spine. Improvement was documented by way of check boxes (2). There was no objective functional improvement documented in the medical record. Additionally, the injured worker, as noted above, received #34 visits of PT to the low back. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clearly warranted. Consequently, absent compelling clinical documentation with objective functional improvement having received, at a minimum, #34 visits of physical therapy to the lumbar spine with no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks the lumbar spine is not medically necessary.

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 Disability Guidelines, Head (Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. 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 injured worker's working diagnoses are lumbosacral musculoligamentous sprain/strain; lumbar spine multiple disc protrusions and IVF stenosis; left shoulder sprain/strain; left shoulder tendinitis; left shoulder impingement syndrome; left shoulder rotator cuff tear; acromioclavicular joint osteoarthritis/bursitis; sleep disturbance; depression. The most recent progress note by the requesting physician is dated February 16, 2015. The request for authorization is dated March 3, 2015. There is no contemporaneous progress note on or about March 3, 2015 in the medical record. The progress note dated February 16, 2015 does not contain subjective complaints. Objectively, the low back is tender diffusely from L3 through S1. Motor testing is stable. There is no neurologic evaluation in the record. The ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. There is no neurologic evaluation in the medical record. There are no red flags documented in the medical record. Consequently, absent clinical documentation with a neurologic evaluation, neurologic deficit and red flags, MRI of the lumbar spine is not medically necessary.