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| Case Number: | CM15-0078857 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 08/11/2014 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 8/11/2014. He reported injury from bending pipes, pulling wire, using power tools, bending and picking up heavy objects. The injured worker was diagnosed as having lumbar sprain/strain with degenerative disc disease, right shoulder strain with bursitis and bilateral middle trigger fingers. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/18/2015, the injured worker complains of low back pain, left hip pain, right shoulder pain, right middle finger cracking and pain with triggering and left hand pain with numbness. The treating physician is requesting lumbar spine magnetic resonance imaging and 12 physical therapy visits for the right shoulder and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, there were signs and symptoms of lumbar radiculopathy months before this request without evidence of recent changes which were significant enough to require MRI of the spine. Also, there was no mention of what changes in treatment would be attempted different from current strategies based on the results. Therefore, the request for lumbar MRI will be considered medically unnecessary at this time.

Physical therapy 2 times a week for 6 weeks for the right shoulder and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back and shoulder is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was no record submitted of having attempted physical therapy for the shoulder or lower back, and considering the injury was many months prior to this request it would be unusual to not have had at least some physical therapy for this type of injury/complaint. However, in the possibility that this is the first request for physical therapy, the request for 12 sessions is more than recommended for the diagnoses listed. Therefore, the request for physical therapy (x12) for both the right shoulder and the lumbar spine will be considered medically unnecessary at this time. Home exercises either way would be appropriate.