

Case Number:	CM16-0245295		
Date Assigned:	12/27/2016	Date of Injury:	10/12/2016
Decision Date:	01/25/2017	UR Denial Date:	12/16/2016
Priority:	Standard	Application Received:	12/21/2016

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: Massachusetts, New Hampshire, New York
Certification(s)/Specialty: Preventive 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:

This case involves a now 28 year old male with a history of an occupational claim from 10/12/2016. The mechanism of injury is detailed as lifting. The current diagnosis is lumbar spine sprain/strain. On 10/27/2016, the patient reported feeling spasms and felt like something was poking his upper and lower back. The physical assessment showed pain and tenderness, muscle spasms, and decreased sensation at L5-S1 dermatomes. The lumbar spine had flexion of 40/90 degrees, and extension of 10/30 degrees. The thoracic spine showed forward flexion of 10/35. The patient was prescribed Cyclobenzaprine and Naproxen. The treatment plan included X-rays, ice therapy, back brace, and a physical therapy request of 8 session. On 12/07/2016, the patient was re-assessed and reported pain 6/10 with tenderness and swelling present. The lumbar flexion was 40/90 degrees and extension was 10/30. The request for authorization was signed on 12/09/2016. The previous denial for the requests below was on 12/16/2016. Physical therapy was denied due to lack of documentation regarding functional improvements made during treatment and the MRI was denied due to lack of evidence supporting the need for the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy lumbar spine two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The request for additional physical therapy lumbar spine 2 times a week for 3 weeks is not medically necessary. According to the California Medical Treatment Utilization Schedule (MTUS) 2016 Chronic Pain Guidelines, the recommended number of sessions for the patient's diagnosis is 10 visits over 8 weeks. In addition, the guidelines state that exercises should be taught during physical therapy that the patient can perform at home. The patient was previously approved for 8 sessions of physical therapy. There is lack of documentation regarding the patient's functional response to therapy that would warrant continued sessions. Therefore, the request is not medically necessary.

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. According to the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, MRI's are recommended when there is objective findings that identify specific nerve root compromise on the neurological exam in patients who have not responded to treatment and who would consider having surgery. There is lack of significant evidence that indicates the patient has nerve root compromise stemming from the lumbar region. Therefore, the request is not medically necessary.