MAXIMUS Federal Services

Case Number:	CM13-0014938		
Date Assigned:	10/03/2013	Date of Injury:	07/02/1986
Decision Date:	01/21/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported an injury on 07/02/1986. The patient is currently diagnosed with chronic myofascial pain syndrome of the thoracolumbar spine and failed back syndrome. The patient was recently evaluated by [redacted] on 06/03/2013. The patient complained of constant lower back pain with numbness to bilateral lower extremities. Physical examination revealed diminished range of motion, multiple myofascial trigger points and taut bands, negative Waddell's sign, an inability to perform heel gait well with either foot or leg, and decreased sensation to fine touch and pin prick in the lateral aspect of the left lower extremity. Muscle strength was grossly intact throughout the upper and lower extremities, and deep tendon reflexes were normal as well. Treatment recommendations included an MRI of the lumbar spine, continuation of current medications, home muscle stretching exercises, and aquatic therapy exercises on a daily basis at a gym or [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Section on Magnetic Resonance Imaging.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with exceptional factors, and myelopathy. As per the clinical notes submitted, there is no evidence of a significant change in the patient's symptoms or physical examination findings. There are no plain films submitted prior to the request for an MRI. There is also no evidence of a failure to respond to at least 1 month of recent conservative therapy prior to the request for an imaging study. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Request for aquatic therapy to be performed on a daily basis at the GYM of the [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Knee & Leg Chapter, Section on Gym Memberships.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the clinical notes submitted, the patient is described as independently ambulatory with well-preserved upper and lower extremity strength. There is no indication that this patient cannot perform land-based physical therapy. In addition, the Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Based on the clinical information received, the request is non-certified.