

<b>Case Number:</b>	CM13-0003275		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 46-year-old female who reported an injury on 07/10/2009. The mechanism of injury was not provided for clinical review. The diagnoses include cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with lower left extremity radiculitis, post left shoulder arthroscopy with distal clavicle excision, lateral knee patellofemoral arthralgia, left hip strain, complaints of sleep difficulty. Previous treatments include x-ray and MRI, EMG, NCV, physical therapy, aquatic therapy, acupuncture, surgery and ergonomic chair. Within the clinical note dated 04/25/2014, it reported the injured worker complained of increased pain which was intermittent down her left thigh. The injured worker complained of low back pain. On the physical examination the provider noted the injured worker had lumbar spine tenderness to palpation with spasms. It was noted the injured worker had low back pain with a positive straight leg raise. The provider requested an MRI, physiotherapy, and an ergonomic chair for increased symptoms and pain. The Request for Authorization of the MRI was submitted and dated on 04/25/2014.

### 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The CA MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear; however, further psychologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false bipositive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnosis is being evaluated. There is a lack of documentation indicating the injured worker had neurological deficits such as decreased strength, sensation or reflexes. There is a lack of significant documentation indicating the injured worker failed on conservative treatment. In addition, there is no indication of red flag diagnosis with the intent to undergo surgery requiring an MRI. Therefore, the request for an MRI of the lumbar spine is not medically necessary .

**Physiotherapy, six (6) Additional Sessions:** 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.

**Decision rationale:** The injured worker complained of low back pain and increased pain which was intermittent down her left thigh. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. Active therapy requires an internal effort by an individual to complete a specific exercise or task. The guidelines note for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the therapy. The provider failed to document a complete and adequate physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion and decreased strength or flexibility. The quantity of physical therapy the injured worker has already utilized is not provided for clinical review. Therefore, the request for physiotherapy, 6 additional sessions is not medically necessary.

**ERGONOMIC CHAIR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomic Interventions.

**Decision rationale:** The Official Disability Guidelines recommended Ergonomic Interventions as an option as part of a return to work program for injured workers but there is conflicting evidence for prevention. This study concluded there was no good quality evidence of the effectiveness of Ergonomic or modifications of risk factors and preventions of low back pain. On the other hand, for improved return to work outcomes after an injury has occurred, there is evidence supporting Ergonomic Interventions. There is a lack of significant objective findings warranting the medical necessity for an ergonomic chair. Additionally, there is little evidence to support the effectiveness of Ergonomics or modification of risk factors in prevention of low back pain. In addition, the injured worker has been previously issued an Ergonomic chair. Therefore, an additional request for an Ergonomic Chair is not medically necessary.