

<b>Case Number:</b>	CM13-0027439		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/07/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Orthopedic Surgery, and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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 claimant is a 65-year-old injured on 04/07/09. Records indicate a low back diagnosis with recent clinical assessment of 08/27/13 with treating provider [REDACTED] orthopedic surgeon indicating subjective complaints of failure to respond to prior treatment of the low back with current complaints of low back pain with radiating pain to the bilateral lower extremities. She describes difficulty with weight bearing activities. Physical examination demonstrated a positive bilateral straight leg raise with restricted lumbar range of motion and a neurologic examination showing diminished sensation to light touch over the L5 dermatomal distribution on the right and S1 dermatomal distribution to the left lower extremity. Motor tone was diminished at the EHL and gastrocnemius bilaterally at 4-5. Radiographs reviewed at that date demonstrated neuroforaminal stenosis and disc collapse on lumbar imaging. Treatment plan at that time was for 18 sessions of formal physical therapy as well as a repeat MRI scan of the claimant's lumbar spine. Prior imaging is documented to include an 11/10/10 MRI report that shows circumferential disc bulging with foraminal stenosis and loss of disc height at L4-5 as well as L5-S1 disc bulging with foraminal stenosis and bilateral facet arthropathy.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines state "Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12 7). Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great". When looking at Official Disability Guidelines criteria repeat testing is reserved for cases with significant change in symptoms or findings suggestive of significant pathology. Records in this case indicate the claimant's low back complaints to be "status quo" at last assessment. There is no documentation of progressive neurologic dysfunction or significant change in symptoms or clinical findings. The claimant's objective findings on examination clearly correlate with previous imaging and there are not any apparent indications for surgical intervention. The role of an MRI scan at this chronic stage in clinical course of care would not be indicated.

**18 physical therapy sessions to the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued physical therapy in this case would not be indicated. Chronic Pain Medical Guidelines indicate the role of therapy in a chronic setting for acute symptomatic flare for helping to control symptoms, pain and inflammation. It typically limits these sessions of therapy to eight to nine sessions over an eight week period of time. The specific request for 18 sessions of therapy would far exceed these clinical guideline criteria for the chronic setting of treatment, and as such the medical necessity cannot be established.