

<b>Case Number:</b>	CM13-0028850		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/09/2006
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, Pain Medicine and is licensed to practice in Texas. 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 69 year old male who sustained an injury to his low back on 06/09/06 when he was getting off a truck; he missed a step and injured his left knee, low back and right shoulder. An agreed medical evaluation was performed on 07/14/12 and the injured worker was awarded 7% whole person impairment for the lumbar spine. Morbidity: 5 foot 2 inches, 246 lbs. Plain radiographs of the lumbar spine revealed degenerative changes throughout the lumbar spine, worse in the L4-5 and L5-S1 levels; lateral projection revealed loss of intervertebral body spacing; diffused degenerative changes; retrolisthesis as well as spondylosis without spondylolisthesis seen in radiographs; flexion/extension views revealed no visible instability.

### 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.

**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 Chapter, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** The previous request was denied on the basis that routine imaging for the low back is not beneficial and may even be harmful. Imaging is indicated only if the injured worker has severe progressive neurological impairments or signs and symptoms indicating a serious or specific underlying condition, or they are candidates for invasive interventions. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed or was anticipated in the lumbar spine. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for a magnetic resonance image of the lumbar spine is not indicated as medically necessary.

**Physical Therapy, 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0 Low Back Chapter, Physical Therapy (PT).

**Decision rationale:** The previous request was denied on the basis that there was no documentation that the injured worker had prior physical therapy for the lumbar spine. Recommendation would be made to approve physical therapy for the lumbar spine, 2 x a week x 4 weeks which was consistent with the Official Disability Guidelines (ODG) guidelines. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for physical therapy, 3 x a week x 4 weeks is not indicated as medically necessary.

**Pain management for the lumbar spine once the MRI is completed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation pg. 127.

**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 Chapter, Office Visits.

**Decision rationale:** The request for pain management for the lumbar spine once the MRI is completed is not medically necessary. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for pain management for the lumbar spine once the MRI is completed is not indicated as medically necessary.