

<b>Case Number:</b>	CM13-0032404		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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 claimant is a 55-year-old gentleman who was injured in a work-related accident on December 21, 2004. The clinical records indicate an injury to the low back while carrying a 70-pound sheet. An assessment on August 23, 2013 by [REDACTED] indicated the claimant had continued subjective complaints of low back pain with radiating right leg pain. Objectively, there was positive straight leg raising on the right with increased pain in the low back with sitting. Further treatment was not noted. The claimant was noted to be status post a prior L4-5 fusion with a current diagnosis of right radiculopathy and low back pain. Previous imaging, date of prior surgical process and recent conservative care are not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for six weeks:** Upheld

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

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

**Decision rationale:** While MTUS Guidelines do recommend the role of physical therapy in the chronic setting sparingly with active therapy to help control swelling, pain and inflammation, it

recommends only nine to ten visits for a diagnosis of myositis or myalgias. The documented request for eighteen sessions of therapy would exceed these guideline criteria and would not be supported at this time.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Lumbar MRI scans are recommended for unequivocal objective findings that identify specific nerve compromise on neurologic examination in claimants who are not responsive to conservative measures. The records in this case fail to demonstrate any evidence of an acute neurologic process on examination; the only thing noted is a vague clinical finding of a positive seated straight leg raise. The claimant's lack of documented objective findings coupled with no prior imaging for review would fail to necessitate the role of MRI at this chronic stage in the claimant's course of care. Therefore, the request is non-certified.