

<b>Case Number:</b>	CM13-0038824		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/03/1996
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date on 09/03/96. According to the 06/04/13 AME Supplemental report, the patient's diagnosis are ongoing bilateral knee pain and back pain, with "radiating symptoms into the left leg including burning, numbness and tingling and weakness into the leg. The patient also has tenderness and spasm and limited range of motion. There is weakness on extension of her foot and great toe. There is numbness and tingling in an L4/5 distribution as well and mildly into the L5 distribution. Her MRI reviewed showed evidence of bilaterally L4/5 and L5/S1 foraminal narrowing, as well as postoperative changes in the right L4/5 and L5/S1 with mild central spinal stenosis. [REDACTED] requests the following: 1) MRI Lumbar Spine, 2) 12 PT sessions for lumbar spine. The utilization review determination being challenged is dated 09/11/13 and recommends denial of both the MRI and the physical therapy. [REDACTED] is the requesting provider and gave treatment reports from 08/01/13- 08/30/13.

### 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): 287,288.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, MRI's online version

**Decision rationale:** The patient presents with ongoing bilateral knee pain and back pain, with "radiating symptoms into the left leg including burning, numbness and tingling and weakness into the leg." The request is for MRI of the lumbar spine. The request was denied by utilization review letter dated 09/11/13 with the rationale that there was "no data presented to suggest the need for a repeat MRI of the lumbar spine." ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. ODG Guidelines state that "repeat MRI's are indicated only if there has been progression of neurologic deficit," or for prior lumbar surgery. In this case, the patient had an MRI with the findings noted above. Review of the reports do not reveal why the treater is asking for another set of MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. Therefore the request for MRI of Lumbar Spine is not medically necessary.

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,301.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, page(s) 98, 99 Page(s): 98, 99.

**Decision rationale:** The patient presents with ongoing bilateral knee pain and back pain, with "radiating symptoms into the left leg including burning, numbness and tingling and weakness into the leg. The request is for 12 physical therapy sessions for the lumbar spine. Review of the reports shows no previous therapy reports to verify treatment history. The request was denied by utilization review letter dated 09/11/13. The rationale was that there was no change in the current physical examination and therefore "no clinical indication to repeat physical therapy." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 12 total sessions of therapy for the patient's lower back, right thigh, left knee, and bilateral ankle/foot. Given the lack of recent therapy treatments, a short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Therefore the request for 12 physical therapy sessions is not medically necessary.