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| <b>Case Number:</b>   | CM13-0043656 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/03/1996 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 10/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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 & 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 a date of injury of 09/03/1996. The listed diagnoses per [REDACTED] are back pain and knee pain. According to report dated 08/01/2013, the patient presents with ongoing back and knee pain. Examination of the low back revealed tenderness and spasm and left-sided L4-5 radiculopathy. There is numbness and tingling in the L4-5 distribution and positive straight leg raise. Treater is requesting an MRI of the lumbar spine and 12 physical therapy sessions.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303,Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient presents with ongoing back and knee pain. The treater is requesting an MRI of the Lumbosacral spine. Utilization review dated 10/15/2013 denied the

request stating, "It is presumed that the claimant had an MRI scan of the lumbar in the past and there is no indication where there is significant change in status." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the Utilization reviewer "presumed" that a prior MRI was done. This is quite possible given the patient's chronicity of injury. However, review of the medical file dating from 01/24/2013 to 09/16/2013 does not provide any lumbar MRI report nor are there any discussions regarding one. Given the patient's persistent pain with tenderness, spasms left sided L4-5 radiculopathy and positive straight leg raise, recommendation is for approval.

**PHYSICAL THERAPY (12 SESSIONS):** Upheld

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

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

**Decision rationale:** This patient presents with ongoing back and knee pain. The treater is requesting 12 physical therapy sessions as she has not had any therapy since one and half years ago. For physical medicine, the MTUS guidelines pages 98, 99 recommends for myalgia, myositis and neuralgia type symptoms 9-10 visits over 8 weeks. A review of the medical records show the patient last received physical therapy in early 2012. The number of sessions and the outcome are unclear as physical therapy reports are not provided for review. In this case, the patient presents with persistent low back pain and has not had any formalized physical therapy in the last 2 years. A short course for reeducation may be warranted; however, the treater's request for 12 sessions exceeds what is recommend by MTUS guidelines