

<b>Case Number:</b>	CM13-0043727		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand 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 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 record notes a 52 year-old individual with a date of injury of April 23, 2013. The mechanism of injury reported was a fall while walking backwards when playing basketball while at work. The record indicates that the claimant has filed a claim for the low back, right wrist, and bilateral hands. A progress note from May 2013 references lumbar spine x-rays that demonstrate mild rotary scoliosis centered at L2 Convex to the left. Mild to moderate degenerative changes with mild interspace narrowing and spurring greater on the right at L1-2 and L2-3 is reported. The diagnoses, relative to the lumbar spine, is noted to be strain of the lumbar region. Conservative treatment has included anti-inflammatory medications, analgesic medication and muscle relaxants. An MRI of the lumbar spine was obtained on June 18, 2013 demonstrating degenerative disc disease at L4-5, with associated hypertrophic facet disease bilaterally causing bilateral lateral recess stenosis. On November 25, 2013, a request for lumbar epidural steroid injections at L4-5 and L5-S1 is noted. The most recent progress notes are from late October and early November and do not reference a treatment plan for an MRI of the lumbar spine.

### 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**Decision rationale:** In the record provided for review, no documentation of recent/current symptoms is provided supporting this request for a lumbar MRI, including pertinent clinical information such as: current symptoms, current physical examination findings, changes in symptoms to warrant the study or any recent conservative treatment. In the absence of sufficient clinical documentation to support the request for a lumbar spine MRI, a clinical indication cannot be identified. Therefore, this request cannot be found medically necessary on the basis of insufficient clinical documentation.

**EMG/NCV OF THE BILATERAL UPPER AND LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Electrodiagnostic Testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

**Decision rationale:** No documentation of recent/current symptoms is found in the medical records provided in support of this request for a bilateral Upper and lower extremity EMG/NCV studies, including pertinent clinical information such as: current symptoms, current physical examination findings, changes in symptoms to warrant the study or any recent conservative treatment. In the absence of sufficient clinical documentation to support this request, this request cannot be found medically necessary on the basis of insufficient clinical documentation.

**PHYSIOTHERAPY THREE TIMES A WEEK FOR FOUR WEEKS TO THE CERVICAL/LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

**Decision rationale:** California guidelines support physiotherapy in certain clinical settings providing for fading of treatment frequency to a self-directed home exercise program and, when subjective and objective documentation has been provided noting functional improvement was obtained with the prior session of physical therapy provided. Additionally, guideline recommendations are made for number of visits and duration of treatment based on the diagnosis. The record provided does not indicate the number of physical therapy sessions that have been completed to date, or subjective and objective documentation evidencing functional improvement with prior physical therapy. In the record provided for review, there is no documentation of recent/current to support this request for physiotherapy, including pertinent clinical information such as: current symptoms, current physical examination findings, recent

conservative treatment, or the physical medicine therapies that have been provided to date. In the absence of sufficient clinical documentation to support the request for additional physiotherapy, a clinical indication cannot be identified. Therefore, this request is not medically necessary on the basis of insufficient clinical documentation.