

<b>Case Number:</b>	CM13-0050733		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and is licensed to practice in Illinois. 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 was a 23-year-old male with a reported date of injury on 03/26/2010; the injured work was injured when a hydraulic car rack that he and his coworker were trying to lower a car on malfunctioned. Per the clinical note dated 12/18/2013, the injured worker reported that continued constant and persistent chronic pain to the head, back, and the bilateral lower extremities, including the bilateral knees. The injured worker reported he developed hip pain and ankle pain, which started approximately 1 year ago secondary to gait problems and difficulty balancing. The injured worker was previously prescribed a cane to use with his gait and balance issues. He indicated the only medication he was prescribed as of 12/18/2013 was Celebrex 200 mg daily. The injured worker reported he received physical therapy in the past and was utilizing a TENS unit at home. Upon physical exam, sensory testing to vibration and pin-prick were unremarkable. The physician requested a baseline CMP (Complete Metabolic Panel) and CBC (Complete Blood Count), physical therapy for the lumbar spine, and an MRI of the lumbar spine on 11/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS: CMP AND CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LABORATORY SAFETY MONITORING OF CHRONIC MEDICATIONS IN AMBULATORY CARE SETTINGS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 70.

**Decision rationale:** The California MTUS guidelines note package inserts for NSAIDs recommend patients undergo periodic laboratory monitoring of a CBC and chemistry profile (including liver and renal function tests). The guidelines note there is also a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting therapy; however, the interval of repeat laboratory monitoring after this treatment duration has not been established. The documentation provided did not indicate when the medication was started in order to demonstrate the injured workers need for baseline laboratory monitoring at this time. The documentation did not indicate whether these tests had been performed previously and if so what the results were. Therefore, the request is non-certified.

**PHYSICAL THERAPY X 12 FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend physical medicine; the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The documentation provided did include adequate documentation to demonstrate the efficacy of previous physical therapy. Within the provided documentation it was unclear how many sessions of physical therapy the injured worker previously attended. Additionally, a recent, adequate, and complete assessment of the injured worker's condition was not provided within the medical records in order to demonstrate objective functional deficits for which the patient would require physical therapy. Therefore, the request is non-certified.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The CA MTUS states that there is to be unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic

evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The documentation provided indicated the injured worker did not have any diminished sensation. There was a lack of documentation indicating the injured worker had significant findings that would indicate neurologic compromise. Therefore, the request is non-certified.